185 pp

MT LEGISLATIVE HISTORY

Chapter 493 1989

Bill (H) 458 S _____ Original bill & hist. ✓C

H. Committee on Human Services & Aging

Hearing Date(s) Feb 06 ✓C
Feb 10 ✓C
_____ ___C
_____ ___C

Date Out Feb 10 ✓C

S. Committee on Public Health, Welfare & Safety

Hearing Date(s) Mar 13 ✓C
Mar 17 ✓C
_____ ___C
_____ ___C

Date Out Mar 17 ✓C

Did this bill originate in an interim committee? ___Yes ___No

Committee _____ Report _____

HOUSE BILL NO. 458

INTRODUCED BY PECK, HAMMOND, COBB, HANNAH, COHEN, DARKO, ADDY, HANSEN, BLAYLOCK, MOORE, IVERSON, HARP, SPAETH, REAM, RUSSELL, RANEY, HOFMAN, HALLIGAN, STRIZICH, VAN VALKENBURG, MAZUREK, PIPINICH, THOFT, WALKER, MANNING, MCCORMICK, O'KEEFE, J. BROWN, RAPP-SVRCEK, WHALEN, SIMON, KADAS

IN THE HOUSE

JANUARY 26, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON HUMAN SERVICES & AGING.
JANUARY 27, 1989	FIRST READING.
FEBRUARY 4, 1989	ON MOTION BY CHIEF SPONSOR, REPRESENTAT KADAS ADDED AS SPONSOR.
FEBRUARY 11, 1989	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED.
FEBRUARY 13, 1989	PRINTING REPORT.
FEBRUARY 14, 1989	ON MOTION, CONSIDERATION PASSED FOR THE DAY.
FEBRUARY 16, 1989	SECOND READING, DO PASS AS AMENDED.
FEBRUARY 17, 1989	ENGROSSING REPORT.
FEBRUARY 18, 1989	THIRD READING, PASSED. AYES, 75; NOES, 23.
	TRANSMITTED TO SENATE.

IN THE SENATE

FEBRUARY 28, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY.
	FIRST READING.
MARCH 21, 1989	COMMITTEE RECOMMEND BILL BE CONCURRED IN AS AMENDED. REPORT ADOPTED.

MARCH 22, 1989	SECOND READING, CONCURRED IN AS AMENDED.
MARCH 27, 1989	THIRD READING, CONCURRED IN. AYES, 41; NOES, 9.
	RETURNED TO HOUSE WITH AMENDMENTS.

IN THE HOUSE

MARCH 30, 1989	RECEIVED FROM SENATE.
	SECOND READING, AMENDMENTS CONCURRED IN.
MARCH 31, 1989	THIRD READING, AMENDMENTS CONCURRED IN.
	SENT TO ENROLLING.
	REPORTED CORRECTLY ENROLLED.

HOUSE BILL NO. 458

INTRODUCED BY [signatures]

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING PARENTS' RIGHTS REGARDING THE BIRTH OF A BABY; EXEMPTING DIRECT-ENTRY MIDWIVES FROM THE MEDICAL PRACTICE ACT; AND AMENDING SECTION 37-3-103, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1.** **Parents' rights regarding birth of baby.** Parents have a right to give birth where and with whom they choose.

Section 2. Section 37-3-103, MCA, is amended to read:

"**37-3-103. Exemptions from licensing requirements.** (1) This chapter does not prohibit or require a license with respect to any of the following acts:

(a) the gratuitous rendering of services in cases of emergency or catastrophe;

(b) the rendering of services in this state by a physician lawfully practicing medicine in another state or territory. However, if the physician does not limit the services to an occasional case or if he has any established or regularly used hospital connections in this state or maintains or is provided with, for his regular use, an office or other place for rendering the services, he must possess a license to practice medicine in this state.

(c) the practice of dentistry under the conditions and limitations defined by the laws of this state;

(d) the practice of podiatry under the conditions and limitations defined by the laws of this state;

(e) the practice of optometry under the conditions and limitations defined by the laws of this state;

(f) the practice of osteopathy under the conditions and limitations defined in chapter 5 of this title for those doctors of osteopathy who do not receive a physician's certificate under this chapter;

(g) the practice of chiropractic under the conditions and limitations defined by the laws of this state;

(h) the practice of Christian Science, with or without compensation, and ritual circumcisions by rabbis;

(i) the performance by commissioned medical officers of the armed forces of the United States, of the United States public health service, or of the United States veterans' administration of their lawful duties in this state as officers;

(j) the rendering of nursing services by registered or other nurses in the lawful discharge of their duties as nurses or of midwife services by registered nurse-midwives under the supervision of a licensed physician;

(k) the rendering of services by interns or resident

INTRODUCED BILL
HB 458

physicians in a hospital or clinic in which they are training, subject to the conditions and limitations of this chapter. The board may require a resident physician to be licensed if he otherwise engages in the practice of medicine in the state of Montana.

(l) the rendering of services by a physical therapist, technician, or other paramedical specialist under the appropriate amount and type of supervision of a person licensed under the laws of this state to practice medicine, but this exemption does not extend the scope of a paramedical specialist;

(m) the rendering of services by a physician's assistant in accordance with Title 37, chapter 20;

(n) the practice by persons licensed under the laws of this state to practice a limited field of the healing arts, and not specifically designated, under the conditions and limitations defined by law; and

(o) the execution of a death sentence pursuant to 46-19-103.; and

(p) the practice of direct-entry midwifery. For the purpose of this section, the practice of direct-entry midwifery means the advising, attending, or assisting of a woman during pregnancy, labor, or the postpartum period.

(2) Licensees referred to in subsection (1) of this section who are licensed to practice a limited field of

healing arts shall confine themselves to the field for which they are licensed or registered and to the scope of their respective licenses and, with the exception of those licensees who hold a medical degree, may not use the title "M.D." or any word or abbreviation to indicate or to induce others to believe that they are engaged in the diagnosis or treatment of persons afflicted with disease, injury, or defect of body or mind except to the extent and under the conditions expressly provided by the law under which they are licensed."

-End-

MINUTES

MONTANA SENATE
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Senator Tom Hager, on March 13, 1989, at 1:00 p.m., Room 325, State Capitol

ROLL CALL

Members Present: Senators Tom Hager, Chairman; J. D. Lynch, Matt Himsl, Bill Norman, Harry H. McLane, Bob Pipinich

Members Excused: Senator Tom Rasmussen

Members Absent: None

Staff Present: Tom Gomez, Legislative Council
Dorothy Quinn, Committee Secretary

Announcements/Discussion: None

HEARING ON HOUSE BILL 458

Presentation and Opening Statement by Sponsor: Dr. Ray Peck, Representative from House District #15, stated he mentioned his academic degree only to indicate the great respect that he has for education and he knows many of those gathered share that respect. He feels the significance of the bill is that it is an act establishing parents' rights regarding the birth of a baby. In the statement of intent, line 20, the Legislature requests direct-entry midwives to establish standards of education and experience to practice as a midwife and to present those standards to the next regular legislative session. On line 24, it states the Legislature of Montana finds it reasonable and necessary to maintain the current status of the direct-entry midwives in the state until the 1991 regular session. The Sunrise law requires that to establish professional boards you must file an application by July 1 preceding the regular legislative session. This issue was determined following that date. That was a court action which barred one midwife in Missoula County from continuing practice. This is the reason they were unable to come forward with the necessary legislation to create such a board. He also referred to the matter of exemptions from licensing requirements. He called the committee's attention to the reference to exemption of the practice of Christian

Science, with or without compensation, and ritual circumcisions by rabbis. He feels that is clearly a religious exemption. He said this concerns him in terms of individual freedom and rights of people in this state. Rep. Peck referred to Page 4, line 16, the amendment they provided which adds as an exemption the practice of direct-entry midwifery. He added that the act is effective upon passage and approval. Rep. Peck provided further details relating his personal interest in this bill. He told of a case involving a midwife practicing in Missoula for approximately 11 years. She had hospital privileges and she has now been enjoined by the court from continuing that practice. The finding of the court did not rule lay midwifery legal or illegal, but the court did give the Legislature a charge by saying "the Legislature"s future actions concerning legislation now pending before it will illuminate this court as to the future of lay midwifery in this state". He believes this bill is a response to the district court's statement in that opinion that prohibited Dolly Browder from continuing the practice of midwifery. He believes the most important subject of the bill is that important basic fundamental right of freedom of choice of a mother to have a child delivered at a location and by whom she prefers. Of even greater significance is the religious consideration associated with this bill. Midwives are licensed in Montana, but it is also provided that they must work under the direction of a doctor. He does not believe they are allowed to accomplish deliveries outside the hospital, which creates a problem in that respect. He further pointed out the obstetrical crises in Montana.

Senator Hager announced that both Proponents and Opponents would be allowed forty-five minutes for testimony.

List of Testifying Proponents and What Group they Represent:

Patricia Hennessy, M.D.,
Mary Stranahan, D.O., St. Ignatius
Lilly Tuholske, read letter from William A. Gromko, M.D., Missoula
Pamela Shore, read letter from Greg Rice, M.D., Libby
Dolores R. Browder, Midwife, Missoula
Catherine Goodman, Self, Missoula
Leslie Fellers, Midwife, Whitefish
Teresa E. Snyder, Missoula
Sarah Cobb, August Public Health Nurse
John Whiston, Attorney, Missoula
Thomas Lee, Representative, House District #49
Mikelann Caywood-Baerg, Certified Nurse-Midwife,

Livingston
Brant Goode, R.N., Missoula
Kaye Ann Brown, M.S.P.H., Ph.D. Candidate, Livingston
Roberta Gehrke, C.N.M., Livingston
Karla Court, R.N., Great Falls
Debi Corcoran, Austin, Lewis & Clark County
Chris Richards, Billings
Dr. Thomas Ferguson, Optometrist, Missoula
Jack Tuholske, Attorney, Missoula
Michael Fellers, Whitefish
Bruce Morris, Missoula
Catherine Schuck, Missoula
Kris Zimmermann, Bozeman
Debbie Dominick, Kalispell

The following persons submitted written testimony in support of HB 458, but did not testify due to time limitation:

Anne Kolesar, Prof. Counselor, Butte (Exhibit #11)
Jeanne Moone, Seeley Lake (Exhibit #12)
Cynthia Swidler, Occupational Therapist (Exhibit #13)
Donald R. Beans, Nurse and Acupuncturist,(Exhibit #14)
Marian Green, St. Ignatius (Exhibit #15)
Roger and Kathryn Holt, Havre (Exhibit #16)
Robert and April Meyer, Havre (Exhibit #17)
Mary Hay, Missoula (Exhibit #18)
Sally T. Greiser, Ph.D., Missoula (Exhibit #19)

List of Testifying Opponents and What Group They Represent:

Jerry Loendorf, Montana Medical Association
Patricia Englund, Attorney, Self
Dan Johnson, M.D., Gynecologist, Helena,
Judy Driscoll McDonald, M.D., Missoula
Sharon Dieziger, Montana Nurses Association
Jim Ahrens, Montana Hospital Association
Cindy Kaiser, Certified Midwife Nurse, Butte
Lee Tolstedt, Montana Medical Association Auxiliary

Testimony:

Patricia Hennessy, M.D., advised that she graduated from Georgetown University School of Medicine in 1975, and came to Montana with the Public Health Service to the Flathead Indian Reservation in 1977, where she was in general practice until 1981. In May she will receive an advanced degree in Public Health, which is a specialty in the bridge between the clinical and social aspects of medicine. Its perspective is to use our resources to promote health and prevent disease. Public Health presents itself to what is best for the population. Midwifery comes from the term "with the

woman". She emphasized that birth is a natural physiological event. She stated that the most recent vital statistic data for Montana show that midwife-attended births have less than 30% of the low birth weight incidence that physicians have. She stated recent research by social scientists suggests that the self-imposed educational regimen of lay midwives is very similar to that of midwives who are licensed. She stated her most recent position has been as a supervisor of a program to help low income women get prenatal care while they are being helped to find a doctor. She further informed that the Montana Academy of Family Practice indicated that 60% of their members are giving up obstetrics. She stated there are disagreements among physicians on many issues. She believes that creative solutions come from having to solve these conflicts. She stated the Montana Medical Association and American Medical Association would never have you believe that they speak for all physicians. She stated this bill is a simple effective piece of legislation that serves in the public health interest of the citizens of Montana. She presented written testimony to the committee (Exhibit #1).

Mary Stranahan, a general practitioner in St. Ignatius for six and one-half years, stated that she and her partner average between 80 and 100 births a year. She believes that midwifery, including lay midwifery, has an important role to play in the health care system of Montana. There is currently a health care crises in the obstetrics field, but even without that crises there is a niche for the practice of midwifery in the state. More and more women are making the choice to have their babies at home. She stated that during her practice she has had several occasions to share patients with lay midwives, and she stated she has always been impressed with their care. This gives credit to the educational efforts of the midwives. From her personal experience and from what she has read, she believes midwives spend a significant amount of time screening their patients throughout the pregnancy for any complications. The practice of the art of midwifery is in the emotional support through pregnancy, the expertise of home delivery, and the recognition of when the patient should be in the hospital. Home birth, attended by a midwife, is not for everyone, but the choice of that option should be made available in Montana.

Lilly Tuholske, Missoula, stated she was here to read a letter from Dr. William Gromko, a partner in Family Practice Missoula, who was unable to attend. She read

the letter to the committee and submitted it (Exhibit #2).

Pamela Shore stated she is a nurse and also an attorney. She appeared today to read a letter from Dr. Greg Rice, a Board Certified Family Physician in Libby. She read and submitted the letter to the committee (Exhibit #3).

Dolores R. (Dolly) Browder stated she is a direct entry midwife from Missoula, who has been in practice there for the past 11 years. During that time she has attended 300 births. Her training includes a teaching certificate from the University of Washington and a three-year apprenticeship program in training with midwives. This apprenticeship included training by doctors, nurses, and certified nurse midwives. She stated when she started training 11 years ago, there were no schools for direct entry midwives as there are now. She is a product of her community's demand for home births and midwives. There were no doctors who would attend home births at that time; there were no certified nurse midwives, and parents were unhappy with standard hospital care. She stated she is a traditional midwife, embracing the time wise techniques the midwife possessed, and she also learned the new technology that was available for some birthing mothers. The blending of the old and the new philosophy and education about childbirth is such an advantage because childbirth is so natural and a psychological experience for a woman. She stated in her practice she screens out people and she refers patients to physicians. She stated she does not do episiotomies, does not use forceps, and does not use drugs to start labor. She stated she takes low-risk women who want to have natural childbirth at home. In her statistics of 300 births, she has 0 maternal deaths and 0 infant deaths, and 4% caesareans. She discussed the issue of emergency. She grouped emergencies in three categories (1) women who need to be transported to a hospital in a fast manner (in 300 births over 11 years she has had only 1); (2) women who need to be taken to a hospital within a period of 30 to 60 minutes (in 300 births over 11 years she has had about 4 that could be put in that category); (3) women who need to go to a hospital but there is no immediate rush; this is the category most of her so-called "emergencies" fall into. She believes it clearly shows that natural childbirth can be facilitated well with a midwife present. A midwife's expertise in helping a mother feel relaxed and confident lessens the real emergency. She added that childbirth is a rite of passage for a woman and her family. She said the

World Health Organization says "where existing legislation presents a barrier to the promotion of traditional health practices, it should be repealed or amended and ultimately replaced by supporting legislation". She stated that during Montana's centennial year she hopes this piece of legislation will be an honorable way to clarify the choice of midwives to the state's citizens. She believes this represents an enhancement to maternal and child care at a time when our state is experiencing a greater need for childbearing health care. She urged passage of HB 458.

Professor Catherine Goodman, University of Montana Physical Therapy School, stated she received her undergraduate degree in 1976 from the University of Pennsylvania and a Master's Degree in Business Administration in 1986 from the University of Montana. She advised she has just completed a collaborated textbook which will be the first medical textbook for physical therapists. She advised she is expecting her second child and is planning a home birth. She provided details concerning the hospital birth of her first child which she termed emotionally devastating for her and her husband. She summarized by stating she wants the choice of a birth at home. She asked for support of HB 458.

Leslie Fellers, a direct entry midwife from Whitefish, stated in 1980 she attended a midwifery school in Texas which offered a program of academic study and clinical experience. She attended 60 supervised births. She has been a midwife in Montana for 7 years, and has attended 200 births with no maternal deaths or fetal deaths. She stated she does not work with high-risk women. She stated 93% of the women who begin labor at home birth at home. When parents consent to have a midwife attend their child's birth, and a midwife consents to work with the parents, the law should provide for this. She asked the committee to vote for HB 458.

Teresa E. Snyder stated she is a Butte native who received her Bachelor's Degree from the University of Maryland in 1974 and her Master's Degree from Montana State University in 1979. She stated she has published in several professional journals and is currently co-authoring a textbook. She stated she is a member of the Montana Nurses Association and she strongly disagrees with the position her professional organization has taken on this issue. She stated she is in support of HB 458. She stated her choice to have a home birth was based on many years of direct

experience working in hospitals and on extensive study of available medical and health-related literature concerning pregnancy and childbirth. She stated that studies have indicated that fetal distress, infection, maternal hemorrhage and infant birth injury are significantly lower in midwife attended home births compared to hospital births. As a health care educator and provider she seeks the best possible health care for her family, and she believes parents should have the right to choose such care. She requested that skilled assistance by midwives be available in the state of Montana, and asked support of HB 458.

Sarah Cobb advised that she has a four-year nursing degree and lives in rural Augusta. She has worked as a Public Health Nurse for about 5 years. Since October, 1988, she has worked as a Public Health Nurse for Augusta and surrounding regions. Her work experience includes obstetrics in the hospital. She and her husband attempted home birth with their first child. She ended up in the hospital with a caesarian section. Both experiences were good. As a rural nurse she makes many home visits, and has been working with expectant mothers and families. In that area some families have had home births on their own; some have had lay midwives in attendance; some families have had certified nurse midwives in a hospital setting, some have had general practitioner doctors, and others have chosen obstetricians. Each family chose the birthing experience they felt comfortable with. Each family took the responsibility of their choice. She teaches prepared childbirth classes and does one-on-one home visits teaching nutrition, exercise and other helps. She stated she follows pre-natal and postpartum care, with a focus on all family members. She believes each family has a right in the choice of the birthing experience. She asked the committee to keep this choice accessible for the people of Montana.

John Whiston, stated he was graduated from Yale University, and attended Montana University School of Law, and has lived in Missoula for approximately 15 years. He stated he was one of the attorneys who represented Dolly Browder in court within the past few months. He advised he wished to make himself available to the committee for any questions they might have about that case. He added he wished to emphasize that the judge in that case did not indicate that lay midwifery is legal or illegal. All that was stated is that based on the exemptions that presently exist in the law, Dolly Browder, in the judge's opinion, was practicing medicine. The judge further stated that "the

Legislature cannot continue to put its head in the sand". Mr. Whiston advised his plea today was to give the legal community the guidance they need, ie explicit declaratory law stating that midwifery is legal. He stated that because he was an advocate in the Browder case, he could not be a witness, but he wished to testify today regarding Ms. Browder's expertise, based on personal experience gained through the birth of his child. He believes it would be a crime if she is susceptible to criminal penalties for that expertise and caring which she demonstrated. He added that he was presenting a list of 250 signatures of residents of his legislative district who support HB 458.

Representative Thomas Lee, House District #49, related his personal experiences involving home deliveries and a hospital delivery. The point he wished to make is that the people who avail themselves of home births are not just thinking of the birth event. They consider the medical evaluations and all the various aspects that pertain to the approaching event. In his personal circumstances, he greatly appreciated the services of a midwife. He urged the committee's concurrence of HB 458.

Mikelann Caywood-Baerg, a certified nurse-midwife, stated she is in private practice in Livingston and has full hospital privileges at Livingston Memorial Hospital, and also at the Sweetgrass Community Hospital in Big Timber. She does both home births and hospital births and has practiced in Montana for five years. Her C-section rate is about 4%; she has done 150 births in the last four years, 68 of which have been at home; she has a zero maternal mortality and zero infant mortality. She told of her impressions while administering the first certifying examination for the Colorado Midwives Association. From this first-hand experience she witnessed the high qualifications of those taking the examination. She also commented regarding safety and transport time and gave her reasons for believing this was not a valid concern.

Brant Goode, R.N., Missoula, stated he is a MNA member who worked on this bill. He presented a list of names of health professionals from throughout Montana who support direct entry midwifery and home birth. (Exhibit #4)

Kaye Ann Brown, Master of Science in Public Health, stated she had two children delivered by a certified nurse-midwife. She urged support of HB 458. (Exhibit #5)

Roberta Gehrke, CNM, of Livingston, stated she has been a nurse for 33 years. She submitted written testimony (Exhibit #6).

Karla Court, R.N., practicing in Hingham for ten years in Obstetrics, urged support of HB 458.

Debi Corcoran stated she is a resident of Lewis and Clark County for the past 10 years and has three home-birth children. She refuted testimony that children born at home are low birth weight. She requested support of HB 458.

Chris Richards, Billings, stated that due to economic depression in their area many are finding themselves without the option of seeking the services of a doctor. She urged passage of HB 458.

Dr. Thomas Ferguson and wife Barbara stated they are having a home birth and asked the committee's support of HB 458.

Jack Tuholske, Attorney, stated he is the father of three boys born at home. He stated Montana is a state that prides itself on freedom, and he believes the citizens deserve the freedom to decide where to have their children.

Michael Fellers, Whitefish, stated that he and his wife have had one child born in a hospital under the care of an obstetrician, the second they had at home alone, and the third was born with a midwife in attendance. Their overwhelming choice for a birth situation is with a midwife in attendance. He asked for support of HB 458.

Bruce Morris, Missoula, Montana Carpenter's Union, advised that he has four children who were born at home attended by midwives. He said he speaks as a proponent for HB 458 since he feels it is a fundamental right of parents to be able to choose how and where to have their children.

Catherine Schuck, school teacher from Missoula, stated her husband is a nurse in Missoula. She stated they are planning a home birth in July, and asked for support of this bill.

Kris Zimmermann, Bozeman, stated she and her husband have two children born at home with a midwife in attendance. They appreciate the opportunity of having their

children being born at home and support passage of HB 458.

Debbi Dominick, Kalispell, stated she chose a home birth but ended up in the hospital. She observed the midwife and the doctor had a very good working relationship. She asked the committee to support HB 458.

Jerry Loendorf, Montana Medical Association, in responding to some of the comments made by the sponsor and the proponents, stated that if we examine the laws of the State of Montana as they regulate all health care professions we find they were enacted for the health and safety of the people of the state. Throughout those laws we find two requirements (1) the person purposing to perform the service has received sufficient education and training so that they can safely provide that service; (2) that there is some type of regulatory agency that can take from that population people who prove to be incompetent. Midwife bills have been before this legislature at least three times, but there has never been an occasion where they sought to impose any adequate standards upon themselves in terms of education. He believes that is the reason the legislature has always rejected these bills. HB 458 provides a definition of midwifery and refers to the advising, attending and assistance of a woman during pregnancy, labor, natural childbirth or a postpartum period. He stated he cannot tell specifically what all that means, but the testimony indicated it was perhaps a limited service. In court records he found that the judge had restrained a midwife involved from injecting drugs. The midwife's sworn statements contained admissions that she had carried drugs to the homes she went to, obtained some of these drugs from a midwife in the state of Texas, and on occasion used them and even on one occasion took a prescription drug from one patient who had pills left over and gave them to another patient. He had no information as to the extent these incidents occur. He also noted the court prohibited the midwife from doing episiotomies, which is the surgical procedure, so he assumed there was some evidence somewhere in that record that an attempt was made to do that procedure. A further examination of the sworn statement indicates she learned midwifery from other midwives. From that it seems she would not be the only person involved with either drugs or episiotomies - the things the court prohibited. He questioned the definition of natural childbirth. This bill also mentions some personal rights that might be expanded, but the body of the bill says nothing about religious rights or personal rights.

What it does is give a group of people a right to perform a service who have demonstrated neither training, education or background to do so. He discussed the issue of "rights". It has been argued that the court decision did not rule that midwifery was legal or illegal. However, he pointed out there is no definition of midwifery in Montana law. What the court ruled is that what midwives were doing was practicing in areas they were not licensed to practice in. They did not attempt to define midwifery, leaving that for the legislature to do. If a bill authorizing midwives to perform services in Montana is ever enacted, it should follow the form of all the other laws, ie the legislature determine what the required education and training should be, and set up an agency to see that people who perform services have the proper qualifications. This bill allows anyone who wants to call herself a midwife to practice so-called midwifery. The bill in effect allows a person who is judged to be unqualified to practice obstetrics, go back and practice again under the term midwifery. He further stated that the argument that people will practice midwifery anyway should not be a reason for enacting the bill to allow this practice. During testimony, it was said studies indicated various things about midwives. According to Mr. Loendorf, the state of Montana does not really have the information to compile studies because there is no regulation in the area. People are operating outside the law, he believes, and consequently that information is unavailable. He pointed out that it is questionable whether the studies concern trained nurse midwives who practice in other states, or untrained midwives who perform in the state of Montana. In regard to participation of nurse midwives in the Obstetrical Program at the Johns Hopkins Hospital in Baltimore, he provided information that indicated only certified nurse midwives are permitted to deliver babies and provide prenatal care at that facility (Exhibit #20). He concluded by stating that the baby and the mother are not chattels; they are something very precious. The legislature regulates many things, but in dealing with people it should be most careful and should not pass legislation that is not in people's best interest and does not insure their health and safety.

Patricia Englund, stated she is appearing in a private capacity, and added that she was one of the lawyers on the other side in the court case in Missoula. She spoke of the requirements of licensure for all other professions which have impact on the health of the people of Montana, and that it is not proffered here in

the case of midwives. She stated that the health care for mothers and babies at a critical period is of sufficient importance that it too should be licenced and regulated before it is legally permitted. Midwives want the benefit of an exception to Section 37-3-013 but they have not been willing to accept the burdens that all the other professions have shouldered. The freedom of choice is an emotional argument, but not a logical one. That same argument could apply to any of the licensed professions. She advised there are not only parent rights -there are fetal rights. They are the rights of the unborn baby and the newborn baby. According to Ms. Englund, the lay midwives who are submitting this bill have not demonstrated yet that they are capable of providing that quality of care that the Montana babies deserve. She stated that Montana midwives sometimes deliver babies as far as 45 minutes away from a hospital. That can create serious complications and prejudice both to the mother and to the child. Between 10% to 15% of pregnancies develop some sort of complication, without warning, and some of those complications have a three to four-minute response time. She told of her personal experience whereby her baby's life was saved because of the availability of life-saving equipment and her physician's expertise. Such care is not available at home delivery with an unqualified, unregulated lay midwife. She stated there are also risks of maternal or fetal hemorrhage. She emphasized the rights of the child are a serious consideration. She stated she has another concern as a citizen and that is when a problem develops in the course of a delivery with a lay midwife, the state of Montana will be the entity subject to pick up the tab. The state institutions will be charged with negative results, if there is a brain-damaged child or a mother who needs to go on disability. The lay midwives do not carry malpractice insurance, and the insurance companies will not insure them. That means the state must bare the cost. She concluded by stating that Montana cannot afford the risk of lay midwifery on the terms that are proposed in HB 458, which is total lack of regulation. She urged a do not pass recommendation.

Don Johnson, a board certified gynecologist, in private practice in Helena, stated he is not appearing to argue about the quality of prenatal care that can be provided by lay midwives versus certified nurse midwives versus an obstetrical/gynecologist. What he wished to address is the rights of the fetus and the newborn infant. He stated he has had experience with hospital deliveries, deliveries with certified nurse midwives, and home

deliveries. He added he can relate to the committee the critical time within a newborn's first minutes as to the dramatic change that can occur in the status of the newborn if some detrimental problems develop rather quickly. You do not have 45 minutes, 60 minutes, or even 15 minutes to transport that newborn baby to a hospital. He/she very possibly needs immediate resuscitative efforts that are only provided in a hospital and not in a home setting. It may be said that is a small percentage, which in reality is about 4% to 5% of normal term infants. He emphasized that the newborns of the state of Montana deserve the maximum quality of care at that critical time of their lives. It is their choice, but they cannot speak to us. They are brought into this world at the expense of their immediate creche - the labor environment. He acknowledged that labor is a normal process in the vast majority of cases. However, there is a critical point in time where necessary intervention may be required and it may represent a very small percentage, but for that infant it is 100%. During those first few breaths that baby may need oxygen, suction of its airway, or other types of support not readily available in a home environment. The standards of care that society has adhered to in regard to prenatal and postpartum care have been referred to and the certified nurse midwives are very familiar with those standards. There is a distinct difference in the standard of care required between lay midwives and certified nurse midwives. He believes the children of Montana have rights, and the newborn infants have rights and they should be provided with the best quality available. He urged opposition to this bill and requested they vote no on HB 458.

Judy Driscoll McDonald, stated she is a Butte native and a family practitioner who provides prenatal care and delivery services in Missoula. She advised she is proud of her work and proud of her willing cooperation with the Health Department's ACCESS/LINKS program. She stated she is speaking in opposition to HB 458. She read and presented her written testimony to the committee (Exhibit #7).

Sharon Dieziger, Montana Nurses' Association, stated she wished to speak in opposition to HB 458. She believes HB 458 attempts to set up a double standard in the state of Montana. Physicians and Nurse Midwifes educated in prenatal care and deliveries are required to maintain a standard of care, scope of practice, licensure and/or certification, accountability and liability. She believes it is inconceivable the Legislature is being asked to sanction the right for

anyone who chooses to do so to establish themselves as a lay midwife without even basic education or preparation. She read and presented her written testimony to the committee (Exhibit #8).

Jim Ahrens, President of Montana Hospital Association, advised that this legislation affects the hospitals. He stated he has been around the state attending a series of seminars about the issue of obstetrical care in Montana. He stated the obstetrical crises is a concern. He stated he wished to address some points: (1) as an Association, they have over 100 pieces of legislation which they are following which directly or indirectly affect them. It has been his observation that whenever the Legislature determines there is a problem or a concern, they meet it head on and enact legislation or regulation. This is a strange piece of legislation because all concerned say there is a problem, but nothing will be done until 1991. (2) As hospitals, they are concerned about whom they will deal with. If at some point in time, some of the babies will be presented to the hospitals, who do they deal with in the intervening months. (3) He believes hospitals will become the deep pocket. If there are any suits, he does not believe it will be a midwife who will be sued but rather the hospital. Therefore, he proposed an amendment stating that hospitals and licensed medical practitioners who receive the consequences of direct entry midwives in birthing procedures which are subsequently transferred to the hospital's care be immune from liability (Exhibit #9). He believes this is a simple but basic request.

Cindy Kaiser, C.N.M., stated she has practiced in Butte for 12 years and added that all her births are hospital attended. She stated she wished to address the "whereas'" - "Whereas, the practice of direct entry midwife has been practiced in the state of Montana since territorial days; and whereas, it is the intent of the Legislature to allow direct entry midwives to continue serving Montana parents without fear of criminal prosecution." She stated this is our Centennial year and there have been great strides made in the past 100 years in the care of mothers and babies. She quoted from a textbook, copyright 1884, which physicians had available to them when they were delivering babies back in the "territorial days". The Preface was written in 1871, and it expressed the author's concern about the number of mothers and babies dying because medical interventions had been delayed, and had earlier interference been more widely taught and practiced, maternal and fetal mortality would have

been greatly diminished. She pointed out that even in those days an effort was being made to upgrade the practice of midwifery, for in those days the obstetricians were the midwives. She feels that passing HB 458 would be a great injustice just to satisfy a few who yearn to experience the romanticism of the wild west. She stated HB 458 is a regressive measure. According to Ms. Kaiser, direct entry midwives lack accountability which give them free reign to practice as they choose. She stated if one mother or one baby dies over the next two years because of this bill, it has accomplished nothing. With passage of this bill there would be no reason for Certified Nurse Midwives to maintain their standard of care. She addressed the issue of direct entry concept for any profession which had always required a license. She asked why would any of those professionals choose to be licensed if lay midwives are allowed to practice.

Lee Tolstedt, Montana Medical Association Auxiliary representative, which group consists of over 700 spouses of physicians, stated her group is opposed to HB 458 mainly because the bill calls for no accountability to anyone on the part of the direct entry midwives.

Questions from Committee Members:

Senator Lynch asked that if this bill does not pass, then in two years would a bill requiring qualifications be presented. John Whiston stated that his knowledge goes back to Ms. Browder's situation. He stated when he was first contacted by Ms. Browder that the Midwives Association had been in the process of talking about how to regularize and police itself, and had been doing that for several years. Ms. Browder testified before the Governor's Commission on Obstetrical Services, and then two weeks later this case blew up.

Senator Lynch questioned Ms. Browder concerning qualifications, training, etc. He specifically asked if all midwives have EMT training. She stated some do, all of them have the Red Cross CPR card, they have experience in infant resuscitation, they take continuing education classes on a yearly, monthly basis. She stated all the midwives she knows belong to a national organization called MANA (Midwives Alliance of North America). She stated it is a requirement in the Montana Midwifery Association that members continue to re-educate themselves.

Mikelann Caywood-Baerg, C.N.M., Livingston, advised that she

would like to add that there are some individuals who might want to enter into the profession of midwifery without training. However, after attending one or two births, they realize their lack of experience and most quit. She believed those individuals are few and far between.

Senator Himsl asked if parents choose a home delivery for whatever reason and if a doctor will not make a home delivery, then the Certified Nurse Midwives would not be able to make a home delivery, what is the course of action for these parents.

Jerry Loendorf stated he was not sure what the parents must do, but he believed the reasons a doctor would not deliver at home was because as safe a place cannot be provided for a delivery, and consequently to deliver there may be basis for malpractice. Senator Himsl stated that the parents actually have no choice in the matter of where the child should be born.

Senator Pipinich stated in a large segment of his District there is no obstetrician. He said he has a large file of letters supporting this bill. He asked Mr. Loendorf what is the answer for an area such as this.

Jerry Loendorf advised that if midwifery is allowed, it should be done through setting standards. These standards would protect the people of the state by keeping out incompetent people or those who won't comply with good standards.

Senator Pipinich asked that if the legislature requires midwives to have certain training, then would Mr. Loendorf support the bill. Mr. Loendorf responded by stating that if they meet a certain criteria of training he could probably support it.

Senator Pipinich asked if Mr. Whiston could define the amount of training Ms. Browder has received. Mr. Whiston stated that evidence from the court case and from his personal knowledge he learned that midwives come from a "crafts person" tradition, whereby people are introduced to the skill in the manner of an apprenticeship. The formal education that Ms. Browder received consisted of her classes at the University. There were then in-class experiences taught by other law midwives, Certified Nurse Midwives, physicians, childbirth educators. The heart of the education is attending births with, and under the supervision of, another midwife. That went on for a period of three years. He concluded by stating that as in every other

craft one learns by doing and observing.

Senator Lynch asked if lay midwives dispense drugs. Dolly Browder, midwife from Missoula, answered that midwives do not dispense drugs per se. The only medication that midwives use is pitosin, which is only used for maternal hemorrhage after the birth. All the regulated midwives in Montana are provided with this drug. It is only used in an emergency.

Senator Pipinich asked Ms. Browder to define the tools that a midwife might use. Ms. Browder stated that she does not carry forceps or scalpel, but does carry sterilized scissors which are used to cut the umbilical cord.

Closing by Sponsor: Representative Ray Peck advised he has a memo furnished by the Department of Health and Environmental Sciences which indicates that based on their data there is no evidence that midwives are associated with infant death or LBW births to any degree different from physicians (Exhibit #10). He stated this bill is clearly a consumer-producer question. There is one thing the producers have tried to get people to believe and that is that there should be much fear associated with midwife delivery. The midwives screen their patients, and they have a record as good as those of physicians. He listed the things HB 458 would implement: (1) free choice of parents relative to the birth of their children; (2) it provides time for midwives to come back next session with proposed standards. He produced a memorandum that quotes from the Montana Academy of Family Physicians of the MMA that indicates that obstetrical services are now lacking in 18 counties and in the foreseeable future it will be lacking in 37 counties out of 56. (3) It provides protection of the First Amendment rights to the United States Constitution. Regarding free choice, some parents see drug-free labor as extremely important because it will decrease the need for resuscitation. He added that he feels one of the most crucial elements in the bill regards the low-income, uninsured mother who may opt for an abortion rather than accept delivery in a hospital, which costs approximately $3500. The cost through a midwife would be about one-sixth of that amount. He stated the Legislature cannot continue to put their head in the sand. Passing this bill will provide the necessary interim guidance to the court in Missoula. It is very vital and fundamental. Passing this bill requires the midwives to come back two years from now, and this bill sends a clear message to all Montanans that the legislature believes in individual rights and freedom of its citizens. He urged a

positive vote on this measure.

DISPOSITION OF HOUSE BILL 458

Discussion: None

Amendments and Votes: None

Recommendation and Vote: None

ADJOURNMENT

Adjournment At: 3:00 p.m.

Tom Hager

SENATOR TOM HAGER, Chairman

TH/dq

senmindq.313

ROLL CALL

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989 Date 3/13/89

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen			X
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pipinich	X		

Each day attach to minutes.

NINEPIPE MEDICAL ASSOCIATES
St. Mary's Lake Road
St. Ignatius, Montana 59865
Telephone: (406) 745-4300

PATRICIA HENNESSY, M.D.
J. MICHAEL WISE, M.D.

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 3/13/89
BILL NO. HB 458

TO: Each Montana Senator

FROM: Patricia Hennessy, M.D.

RE: House Bill 458 on Midwives

I have just completed two years organizing and supervising a low birthweight prevention program funded by the Montana Department of Health and Enviromental Science. It is called ACCESS/LINKS and helps low income women obtain prenatal care, other pregnancy services and financing for their pregnancy and birth.

We have discovered that there is a group of women we can't help- those too resource rich for Medicaid (annual income of greater than $13,000 for a family of four), yet without medical insurance. That we in the United States have so many resources yet lack basic maternity insurance coverage for mothers and future citizens is a national disgrace!

In Montana the economic downturn makes lack of medical insurance even more painful. A small number (less than 1% of Montana births) are choosing to give birth at home. From a preventative medicine viewpoint, an experienced birth attendant is far better than none at all.

Please don't make it a Montana tradgedy that women are forced by difficult circumstances and <u>your</u> law to give birth alone. Please support H.B. 458 on midwives.

Thank you.

Patricia Hennessy, MD

FAMILY PRACTICE MISSOULA

631 West Alder
Missoula, Montana 59802
Telephone: 721-1850

DONALD R. NEVIN, M.D.
WILLIAM A. GROMKO, M.D.
JUDY McDONALD, M.D.
ERIC J. KRESS, M.D.

Diplomates, American
Board of Family Practice

SENATE HEALTH & WELFARE
EXHIBIT NO. #2
DATE 3/13/89
BILL NO. HB 458

March 1, 1989

Dear Senators:

My name is William A. Gromko, M. D. and I am a Family Physician in private practice in Missoula, Montana. I would like to take this time to express my support for House Bill #458.

Having worked with midwives in the Missoula, Montana area, I believe I can speak with some experience on the caring, loving service they render their patients. There are parents who deliver at home in reaction to the medical system's technology, cold attitude and expense. Whether midwives practice or not, these women will deliver at home. I believe midwives in attendance at their deliveries assures these women of some level of medical care and a portal for entry into the traditional medical system if complications arise. Midwives serve a vital service. Without midwives, women who deliver at home unattended would have higher morbidity and mortality for their infants and themselves.

House Bill #458 serves the purpose of allowing midwives to attend deliveries. It also requests the legislature to establish standards of practice, education, and experience for midwives in the future.

I wholeheartedly support House Bill #458. If I can be of further help, please let me know.

William A. Gromko MD

William A. Gromko, M. D.

WAG/ms

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

March 10, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. #3
DATE 3/13/89
BILL NO. HB458

Honorable Members of the Senate Public Health Committee

My name is Doctor Greg Rice. I am a Board Certified Family Physician in Libby, Montana. My apologies for not being able to find coverage for my medical and OB practice today; otherwise I would be here in person.

I have practiced in Libby for the past 12 years. During that time I have helped care for over 1400 expectant mothers and have attended over 800 births. I have worked with 6 different lay midwives and one certified nurse midwife.

There is a real need for midwives in Lincoln County. There are approximately 250 expectant mothers who give birth each year. Of these about 10% or about 25 seriously consider home birth and 15 to 20 actually have home births. There are no physicians who attend these home births. The only help these women get during their births are from midwives. A special example in Lincoln County is an Amish community of about 30 families. Most of their births are at home, at least two hours from the nearest hospital. I am not as knowledgeable about the rest of the state, but when I talk with other health care providers around the state there seems to be a similar frequency of home births. Women for various powerful reasons are and will continue to have home births in Montana. They want and need the services of midwives.

The seven midwives with whom I have worked have been very competent and conscientious. There have been no deaths, no injuries, and no significant complications in home births attended by midwives in Lincoln County. In fact I have seen several cases where serious complications have been avoided because of the conscientious care given by midwives. Midwives who attend home births are an important part of health care in Montana.

For the sake of the Montana families who choose home birth, I urge you to support H.B. 451.

Sincerely,

Greg Rice

Greg Rice M.D.

211 EAST 2ND LIBBY, MONTANA 59923 TELEPHONE (406) 293-8711

SENATE HEALTH & WELFARE
EXHIBIT NO. #4
DATE 3/13/89
BILL NO. HB 458

February 25, 1989

To Montana Senators:

We, the undersigned health care professionals, wish to declare our support for H.B. 458 on midwives and our opposition to efforts by the Montana Medical Association, the Montana Nurses Association, and the Montana Hospital Association to prevent passage of this bill. In light of the current crisis in access to adequate health care for childbearing women, we find it incomprehensible that these organizations would oppose expanding options for pregnant women. Such opposition appears to contradict any interest in promoting our state's health and well-being.

We believe the issue is to how best to fill the growing gap in access to adequate care for childbearing women. Lobbying against well-trained and experienced midwives does nothing to fill the gap, it only widens it.

We believe the position of these professional organizations should reflect the realities of the crisis and not political alignments. Such alignments narrow the perspectives of the organizations in the best position to help solve the crisis.

We ask that you recognize that any attempts to oppose alternatives in health care are not in our state's best interest and that you vote yes on H.B. 458.

Respectfully yours,

Brant Goode, RN/BSN, Missoula

Signature	Printed Name and Title	City	Zip Code
Nancy Kolberg MW	Nancy Kolberg MIDWIFE ASSISTANT	LIVINGSTON, MT	59047
Linda Roberts	Linda Roberts L.P.N. Midwifery assistant	Livingston, Mt.	59047
Melanie Caywood-Bourn	com - Certified Nurse - Midwife	Livingston MT	59047
R Genke, CNM	Roberta GENEKE, CNM certified nurse midwife	Livingston Mt	59047
Sara P. Kennedy OTR/L	Sara Kennedy Licensed Registered Occupational Therapist	Bolling MT	59101
Mar Jo Herron	Box 421 MARJO HERRON RN	Cowan Springs MT	59024
L Pollack MD	LAWRENCE POLLACK Box 40 MD.	Livingston, MT	59047
Merle Brauma	MELE BRAUMA BOX1344	LIVINGSTON MT	59047
Janice Hall MA	MEDICAL ASSISTANT FRANCES TIMES	CHINOOK, MT	59030

Signature	Printed Name and Title	City	Zip Code
G Wellonen	GILLIAN WELLONEN MEDICAL ASSISTANT	LIVINGSTON	59047
Kaye A Brown	M.S.P.H. (Master of Science in Public Health) Ph.D. Cand. - Hospital & Health Care Adm. Mother - Twice delivered by a C.N.M.	Livingston	59047
	Michael Brown, M.D.	Livingston	59047
Marilyn Kujawa PN	Marilyn Kujawa PN	602 Meadowlark LN Livingston	59047

The following names are those of health professionals from throughout Montana who support direct entry midwifery and home birth. Those with ** by their names are Montana Nurses Association members supportive of H.B. 458.

SENATE HEALTH & WELFARE
EXHIBIT NO. #4(a)
DATE 3/13/89
BILL NO. HB 458

Carol Reeves, RN
David Whelehon, DC
Hilary Daily, ND
Karla Court, RN
Anna Christine Elliot, RN **
Nola Chandler, RN **
Barbara Frey, RN
Lou Sage, DC
Joseph Weydt, MD/CERP
Mary Stranahan, DO
Judy Tapfer, RN **
Beth Schenk, RN **
Sheila Johansen, RN **
Jennifer Doores, RN **
Killeen Nielson, RN **
Catherine Goodman, RPT
Melodee Belangie, BSW
Karen Klotz, OTR
Teresa Turnbull, RN/C
Brant Goode, RN **
Vicki Dundas, RN **
Teresa Snyder, RN/MSN **
Alice Carroll, RN **
Rolland Ellis, RN **
Gregory Fine, RN
Melanie Myllymaki, LPN
Britt Finley,RN
Thomas J. Clucas, Ph.D.
Carol Savage, RN **
Pamela Nelson, SN
Sarah McNerney, RN
Phillip Simon, RN
Pat Hennesy, MD
John Nilsen, RDH
Alexandra Paisley, RN**

Jerry Swassord, DC
Tim Binder, ND
Judy Carlson, RPT
Debra Parchen, RN **
Debra Hastings, RN **
Nancy Clark Keener, RN **
Alameda Ransey, RN
Ellyn Jones, MD,FAAP
Daniel Schneider, RN **
Thera Cooper-Williams, RN **
Butch Turk, SPN
Naomi Lev, RN **
Susan Printz, RN **
Karen Somerset, RN **
Becky Prillamen, RN **
Joanne Theel, LPN
Rodney Babcock, DC
Kevin Keskeny, OTR
Jamie VanHorssi, FNP-C
JoAnne Foley, RN **
Jay Baldwin, RN **
Erica Brown, RDH
Donna Boyer, LPN
Neva M. Oliver, RN/NP
Lynda Thur-Fine, RN **
Ardella Fraley, RN/MN
Doris Henson, RN/MPH
Cheryl Olson-MacMillan, RN/MSN **
Robert Ciampa, RN **
Jean Matthews, RN
Chris Jasper, RN
Bruce Hardy, MD
William Gromko, MD
Karen Stinger, RN/MSN **

A short summary of this list includes physicians and osteopaths who work in a variety of settings including obstetrics, family practice, pediatrics and emergency medicine; 28+registered nurses who are MNA members opposing the MNA executive boards position on H.B.458 including professional nursing instructors; others including Licensed Practical Nurses, nursing students (2), certified nurse practicioneers, chiropractors (4), occupational therapists, physical therapists and other health professionals.

(This sheet to be used by those testifying on a bill)

EXHIBIT NO. #6
DATE 3-13-89
BILL NO. HB 458

NAME: ROBERTA GEHRKE, CNM DATE: 2/13/89

ADDRESS: Bx 854 Livingston, Mt. 59047

PHONE: 222-6802

STATE HEALTH & WELFARE
EXHIBIT NO.
DATE 3/13/89
BILL NO. HB 458

REPRESENTING WHOM? Self for pro HB 458

APPEARING ON WHICH PROPOSAL: HB 458

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT: Midwife Coverage in many Counties of MT can fill the gaps left by MD's (6 of 120) who are afraid of insurance Co.'s malpractice fees + going without insurance. If legal these midwives can be covered by MD's who are now afraid to back the unlicensed MW. Many Counties in MT are without any OB Care This is dangerous to Mothers + Babies!

The Lay midwife is the heritage of our OB Care whether performed by MD / RN & CNM -- if we can protect the endangered species of animals -- do not the midwives who protect Mo + Babe deserve it as well!

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

FAMILY PRACTICE MISSOULA

631 West Alder
Missoula, Montana 59802
Telephone: 721-1850

SENATE HEALTH & ...
EXHIBIT NO. #7
DATE 2-13-89
BILL NO. HB458

DONALD R. NEVIN, M.D.
WILLIAM A. GROMKO, M.D.
JUDY McDONALD, M.D.
ERIC J. KRESS, M.D.

Diplomates, American
Board of Family Practice

I am Judy McDonald, a physician from Missoula who speaks in opposition to House Bill 458. It is my opinion that the state should not exempt direct enty midwives from the Medical Practice Act.

My experience as a physician providing pregnancy care and delivery services combined with my experience as a delivering mother have lead me to form a strong opinion about this issue.

My own prenatal care and delivery services were provided by a fine nurse midwife whose dedication and philosophy remain an inspiration to me. My second child was born at term in a non hospital based birthing center. She was an unusual infant with a congenital defect in the electrical conduction system of her heart who manifested severe heart problems shortly after birth while presenting no warning signs in labor. She required immediate cardiopulmonary resuscitation after delivery. I am therefore a woman whose own infant born out of a hospital required intensive medical intervention and I know from first hand experience how extraordinarily difficult such a situation is.

Although extensive preparation for possible resuscitation events had been attempted at this center many serious weaknesses existed because of lack of experience with severely ill newborns. My daughter is a well seven year old now but I am only too well aware of how great a role luck plays in this outcome.

Infant resuscitation is a difficult procedure requiring a great deal of experience, training and team work. It is not possible to predict with certainty during labor which infants will require resuscitation. It is not physically feasible to provide adequate resuscitation without access to medications, oxygen delivery systems, and sophisticated medical equipment. Use of these resources should be regulated by the Medical Practice Act.

Although medical technology as applied to infant care may seem harsh and uncaring to the uninitiated, as it indeed did to me even after completing a medical residency, my own experience with my daughter on a respirator in a Spokane hospital convinced me that a warm and loving heart stands behind hospital neonatal units.

I feel very strongly that the burden of proof of safety in delivery of birth services lies with the provider. The pregnant family can not realistically be expected to be able to judge the competency of those providing services.

I feel the state has the responsibility to insure that those providing delivery services can also provide immediate care to those infants needing resuscitation or other neonatal medical services. Providing oxygen and access to transportation to a hospital is not adequate protection for a needy newborn who may require a response within moments.

Judy McDonald

TESTIMONY (No more sheets at registration table).

~~VISITORS' REGISTER~~

SENATE HEALTH & WELFARE
EXHIBIT NO. #5
COMMITTEE
DATE 3-13-85
BILL NO. HB458

BILL NO. _____ DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Kaye Ann Brown, 422 S. Main St. Livingston, MT 59047 (406) 222-1050 Wife of Michael C. Brown, M.D. Diplomate, American Board of Family Practice livingston (same address & phone)	M.S.P.H., Ph.D. Cand. (M.S. in Public Health - UCLA Ph.D. - Hospital & Health Care Admin. - Univ. of Minn.)		

Comments:

We have had two home births with a midwife for the following reasons:

1. To allow my husband to be a husband-father-coach, and not impeded by hospital staff's expectations of him as a "physician".

* 2. To avoid the risks associated with hospital regimentation, and "protocols" (fetal monitoring, administration of drugs, and observance of strict "time frames within which certain things "have" to happen ETC

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

(over)

are a succession of routine procedures which
These protocols, take the place of common sense
and the kind of human caring that we sought
from a well-trained midwife. Actually, the
protocols are substituting a systems approach
for what <u>should</u> be a natural and spontaneous
process — if it's simply allowed to take place
in a natural and spontaneous manner.

I would urge you to familiarize yourself with the American Heart Association's Textbook of Neonatal Resuscitation to enable you to understand the protection Montana's newborns deserve. There are many reasons Montana achieved 1985 neonatal mortality rate of 5 deaths/1000 infants compared with neonatal death rate of 20.5/1000 in 1950. Preparation for neonatal resuscitation is one important reason for this progress.

I urge this committee to vote against House Bill 458. Exempting direct enty midwives and allowing them to establish standards within 2 years leaves the most vulnerable groups of Montanans unprotected. Our newborns deserve this state's assurance that those persons providing delivery services have professional training, proof of resuscitation skills meeting the standards of the American Heart Association and malpractice liability coverage.

Thank you for this opportunity to express my opinion.

Judy Driscoll McDonald

Judy McDonald, M.D.

Montana Nurses' Association

P.O. Box 5718 • Helena, Montana 59604 • 442-6710

SENATE HEALTH & WELFARE
EXHIBIT NO. #8
DATE 3-13-89
BILL NO. HB 458

Senator Hager and Members of the Committee (17.7)

My name is Sharon Dieziger and I represent the Montana Nurses' Association. I am here to speak in opposition to HB 458.

HB 458 certainly attempts to set up a double standard in the state of Montana. Physicians and Nurse Midwives educated in prenatal care and the delivery of babies are required to maintain a standard of care, scope of practice, licensure and/or speciality certification, accountability and liability. It seems inconceivable that the Legislature is being asked to simply ignore all standards and sanction the right for anyone who chooses to do so to establish themselves as a lay midwife without even basic education or preparation.

We have heard that pregnancy is not an illness. Going to a barber for a hair cut or a beautician or cosmetologist is not considered an illness either, but this state requires educational preparation, examination and licensure of these practitioners. Can anyone say that the birth of a child is a less significant event?

HB 458 establishes no board or governmental authority to oversee the practice of midwifery.

In considering this legislation, it is our position that the focus should be on mother and child. The territorial day standards of midwives are not sufficient and a mother and child should have the protection provided by current Montana law.

If this type of legislation passes, it surely could set a precedence in the state of Montana to open doors for a whole variety of people to seek legislation to extempt themselves from current laws and practices.

To appear before this Legislature without any assurance to you or the public that there is even a desire to establish educational standards, define their scope of practice, seek licensure for sanction of practice, is uncomprehensible.

We sincerely urge to to vote NO on HB 458.

RECEIVED
MAR 0 2 1989
MONTANA NURSES ASSOCIATION

Ibm6 F.J.L.
Missoulian editorial
2-27-89

BIRTH

Proponents of home birth are naive

By SUSAN DUFFY
of the Missoulian

Any woman who chooses to have her baby at home simply because she seeks a more loving, cheerful, comfortable birth setting than is available in a hospital is incredibly naive.

When I first tried to write that sentence, I used the word "fool," but these women are not fools. They are the kind of women who wouldn't dream of putting a cigarette between their lips for the full nine months of pregnancy and who would think more than twice before having a half-glass of wine during that period. Most are women for whom I have great respect.

Let me make it clear that in this column I am speaking only of women who choose to give birth to their child at home, not of women who have babies at home because they can't afford to check into a hospital. It is one of our country's great shames that we have not remedied that state of affairs.

Yes, I know, hospitals are a drag. The staff wakes you up at weird hours. The rooms are bland, at best, as is the food. Your visitors are regulated. The beds are strange.

What hospitals do have that homes do not are blood banks, operating rooms, suction machines and a host of other items that are not among the things most people associate with giving birth. Most mothers will never see or hear a word of them during their delivery or afterward.

But some will.

When I say that women who choose home birth are naive, I can relate to that naivete. In our heart of hearts, each of us believes that babies born with life-threatening problems are born to other people. We continue to believe this until it happens to us.

It happened to me and my husband when our oldest daughter was born. Her saga has been a long string of what-ifs that eventually turned out well, but it is very plain to us that had she not been born in a hospital, she would not have lived.

If there is anything we learned from that experience it is that parents must be vigilant regarding their children's medical care, and that that care begins before birth, continues during birth and goes on long afterward.

One rallying cry by supporters of unlicensed midwives in our state has been that women have the right to give birth to their babies in any way they see fit. What bothers me about that statement is that it's so adult-oriented. What about the baby? It's generally conceded that being a good parent often means putting your child's needs before your own. In giving birth, the goal is to bring a healthy child into the world — for the child's benefit, if not your own.

Another rallying cry of local supporters of midwifery has been that childbirth is a natural event, not an illness requiring medical intervention. I'll buy the first part — none of us would be here without it — but I am compelled to note that, just as naturally, some babies will be born whose fetal development went haywire along the way, and some babies will have trouble making it through the normal birth process. Those babies are going to need all the technological and human help they can get.

Because medical capability has increased so enormously in the past 20 years, perhaps we have forgotten what it was like when we didn't have it. Women on the frontier didn't give birth without doctors because they didn't want them; they gave birth without doctors because there weren't any available. If you look at family plots in a century-old cemetery, you'll find a lot of very young children buried in them.

Even when my mother was expecting me 40-odd years ago, it was common for physicians to caution parents-to-be against investing in large quantities of baby gear before the birth — just on the chance that the baby might not live.

Today, advertisements for baby goods bombard expectant parents through the mail months before any baby has arrived. We expect, and mostly get, thank heaven, healthy babies.

But once you become a member of the "other people" to whom the unimagineable has happened, you are forever changed in your outlook. Since my daughter was born, I have met hundreds of "other" mothers across the country. To a woman, they believe that opting for a home birth is irrational — and that is the very kindest word I've heard used.

To spend time in a neonatal intensive care unit is to finally comprehend that anything that can go wrong between conception and joining the human race in the light will, at some time, go wrong. It is also to become a believer in miracles, to understand that it truly is a miracle when any child is born healthy, to know that it is a miracle when those born unhealthy get well enough to go home.

I am no starry-eyed believer in the ability of technology and medical personnel to cure or heal all ills. That is impossible. Some babies simply cannot be helped. But what parent-to-be who fully comprehends the miracle of life would ever gamble that soon-to-arrive life and its well-being on the probability that rapid, informed medical intervention will be unnecessary?

Some of this area's strongest supporters of home birth are people who never in a million years would take any action that might harm their unborn child. Yet these same people, who wouldn't dream of missing an appointment with the pediatrician for the child's vaccinations against measles and polio, are willing to risk giving birth miles away from a hospital.

Perhaps "naive" is not a strong enough word after all.

Susan Duffy is assistant features editor at the Missoulian.

(21.3)

SENATE HEALTH & WELFARE
EXHIBIT NO. #9
DATE 3/13/89
BILL NO HB 458

House Bill 458

Page 5, Line 8

Following: Line 7

Insert: "New Section. Section 3. Immunity from Liability

Licensed Medical Practitioners, Nurse Specialists, Nurses, and Licensed Health Care Facilities shall not be liable for the direct consequences of care commenced by a direct-entry midwife in birthing procedures, which are subsequently transferred to their care."

Renumber subsequent sections

SENATE HEALTH & WELFARE
EXHIBIT NO. #10
DATE 3-13-89
BILL NO. HB 458

May 27, 1988

TO : Dr. Espelin

FROM: Sam Sperry

SUBJ: Montana Resident Live Births And Infant Deaths By Attendant At Birth: 1980-1986

For the attached tables and graphs:

Physician indicates delivery with a physician in attendance regardless of the place of delivery.

Midwife indicates delivery with a person in attendance who used the title CNM or NMW or "midwife" or "mid-husband", regardless of the place of delivery.

Other indicates delivery with a person in attendance who did not use a title. These births typically occur at a residence. We believe that these births are attended by "lay" midwives who have the father or some other family member sign the certificate as certifier and attendant.

his certifies that the foregoing
s a true and correct copy of the
riginal certificate on file with
he Mont. Department of Health
nd Environmental Sciences.

Sam H. Sperry, Chief
Bureau of Records and Statistics
ate 11-28-88 By

A. During 1980-1986, 96 % of Montana's resident births were attended by physicians with the delivery occurring in hospital.

There is, however, a definite trend toward midwife-attended deliveries occurring out of hospitals. In 1980, 91 % of these births were in hospital and in 1986 the figure had dropped to 72 %.

B. Of 862 resident infant deaths in Montana during 1980-1985:

97 % were attended by physicians at birth.
1 % were attended by midmives at birth.
2 % were attended by others at birth.

These percents are the same for births not resulting in infant death.

C. Of 862 resident infant deaths in Montana during 1980-1985:

46 % were delivered LBW.

Of these 46 %:

97 % were attended by physicians at birth.
1 % were attended by midwives at birth (actually 0.3 %).
2 % were attended by others at birth.

D: Reference attached graphs:

Page 1. A definite downward trend in percent of LBW births for midwife-attended deliveries.

The apparent increase in this percent for other-attended deliveries since 1984 may be due to small numbers.

Page 2. The percents on page 1 are indexed at 1980 on this graph. It is evident that midwife-attended deliveries are experiencing much more rapid improvement with respect to LBW births than either of the other two categories of attendants.

Page 3. There is a slight, visual hint in this graph that mothers experiencing LBW births are seeking prenatal care a bit farther into pregnancy than those experiencing normal-weight births.

Pages 4-6. These are percent distributions for the month prenatal care began by attendant category. Midwife-attended deliveries appear to exhibit the same experience as physician-attended deliveries. The relatively high percents of "no care" and "unknown month" for other-attended deliveries may reflect poor reporting.

Pages 7-9. These are percent distributions of total number of prenatal visits by attendant. Midwife and physician experiences appear identical.

E: Conclusions:

On the basis of this relatively superficial look at the data, we see no evidence that midwives are associated with infant death or LBW births to any degree different from physicians, with the possible exception noted for Page 1 and Page 2 under D, above.

F: Recommendation:

Part of the difficulty we are experiencing in detecting differences in attendant-related births as they affect LBW and infant death lies in our not knowing what to look for. I believe that it would be of great benefit to both our bureaus if we could schedule a few sessions over the next month or so in which you would provide me and my statistical staff with some medical instruction regarding the perinatal period and, perhaps, the months preceding this period. I would appreciate your serious consideration of this. We can certainly use your help.

HB 458 3/13/89

SENATE HEALTH & WELFARE
EXHIBIT NO. #11
DATE 3/13/89
BILL NO. HB 458

To: Human Services Committee, Montana Senate

From: Anne Kolesar, Licensed Professional Counselor
615 S. Jackson
Butte, MT 59701
782-5129

I request that the following letter be read into the minutes of the hearing on HB 458.

I strongly support passage of HB 458 as an interim measure to protect the right of Montana women to chose the place and the circumstances of the births of their children. I hope that in 1991 we will see a bill providing for licensure of lay midwives, setting standards of training and experience.

As I write this letter I am holding my newborn son in my arms. Although typing with one hand is slow, I feel it is important for me to share my experience with you. Coming from a traditional medical family--my father is a doctor, my mother a registered nurse--I "hedged my bets" when I became pregnant last year. I had regular prenatal care with a Certified Nurse Midwife in Butte and underwent all the recommended tests. At six months, when I was satisfied that all was well with the pregnancy, (and after having listened to numerous tales of dissatisfaction from women who'd delivered at St. James Hospital with the aging, often rude, local obstetricians) I sought out Dr. Willow Moore, lay midwife, Naturopathic Doctor, and licensed chiropractor, in Bozeman. Thus during the last trimester of my pregnancy, I had both traditional and alternative care.

The differences were notable. The C.N.M.'s office was impersonal. I was often left to wait alone 15 minutes or more after undressing. She talked to me in exactly the same tone she would have used for a scared 16-year-old, although I am 36 and have several degrees. She called me "Mom" and liked to tell me what "Doctor" would say about "Baby." In at least one case, she gave me wrong information. Dr. Moore, on the other hand, works in a warm, homey setting, with a large lending library of baby and health books. She never left me wait in her examining room. She took the time to get to know me as an individual. We worked together to prepare me for the natural and thrilling process of normal childbirth. Dr. Moore's knowledge of current obstetrical practices was most impressive.

During what was a rather difficult labor, Dr. Moore and her assistants stayed with me, physically and spiritually. I felt at all times supported and safe. While emergency equipment was available, there were no unnecessary clinical interventions, no impatient doctors trying to speed things up, no harsh words or bright lights. My son was placed on my breast as soon as he emerged; he remained there for the rest of the night. We were both treated with the utmost respect and care. Two weeks later,

he is as calm and relaxed as an infant can be, and I am fully recovered. I feel a lasting bond with Doctor Moore; unlike an obstetrician, she didn't "deliver" my baby to me, instead she empowered me to bring him into the world myself.

I feel so strongly about home birth that if the right to choose that option were taken away from me in Montana, I would leave the state to have my next child. Birth is not an illness. I will not go to a hospital to bear a child. Please recommend passage of HB 458 in 3the Senate.

Anne Kolesar

Box 8
Seeley Lake, MT 59868

February 27, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. #12
DATE 3/13/89
BILL NO. HB 458

To whom it may concern,

I am writing to urge you to vote for HB 458. I speak from personal experience when I say the choice of a lay midwife attending home birth is a choice Montana families need to have.

My 5 year old daughter was born here in our home with a lay mid-wife in attendance. My personal research on birth indicates fear is the greatest disruption to a safe birth. I personally would have great difficulty overcoming fear in a hospital birth setting, due to numberous memories of hospital experiences in my past.

The midwife who worked with myself and my family provided us invaluable assistance and reassurance. Her attention to my pregnancy and the health - mental, emotional, physical and spiritual - of our entire family throughout this transition in our family life is something we will always cherish. She LISTENED for hours to ascertain our needs for a safe and joyful experience. She referred us to additional professionals for the medical assistance we needed. Her lending library alone was an invaluable tool to us in our preparation for birth! There was no comparison for care that the doctor I saw - with his 5 minute - monthly appointmen - could offer me.

Because of the possibility of a home birth attended by a lay midwife, the birth of my daughter was a healthy natural wonder! – as birth was meant to be experienced.

I am very appreciative of modern medicine and technology and thank God for its availability in medical emergencies. Childbirth is not usually a medical emergency.

Please – again I urge you to vote for HB 458 and assure Montana families the choice to experience "natural" childbirth.

Thank you for your consideration

Sincerely,

Jeanne Moon

SENATE HEALTH & WELFARE
EXHIBIT NO. #13
DATE 3-13-89
BILL NO. HB 458

March 11, 1989

Senate Committee
H.B. 458

Dear Sirs and Madames:

As a health-care professional and prospective parent, I strongly believe that H.B. 458 merits support. This bill broadens the scope of practices from which families can choose when seeking pre- and post-natal care, and when birthing new family members. To imply that a single, dominant system (in this instance, allopathic medicine) is the only system of merit, fully negates the value of a multiplicity of long-standing and well-structured practices, such as midwifery. This is not to criticize allopathic medicine, or hospitals and the dedicated people who work in them. There will always be enough individuals who choose an allopathic model and enough women who choose to have their babies within a hospital. Having worked as a health-care professional for the past ten years, however, has reinforced to me that no single system, formula or remedy will work for everyone. Midwifery is a legitimate alternative, providing opportunity for individual choice, in keeping with one's own needs and philosophies.

Sincerely,
Cynthia D. Swidler, OTR/L
Cynthia D. Swidler, OTR/L
Registered, Licensed Occupational Therapist

SENATE HEALTH & WELFARE
EXHIBIT NO. #14
DATE 3/13/89
BILL NO. HB 458

Feb. 23, 1989
462 Electric Ave.
Bigfork, Montana
59911
(406) 837-5757

Re: H.B. 458

To Whom It May Concern,

I am a 4 year degree nurse licensed in the state of Montana for 11 years. I have worked in the nursing field in surgery and mental health. I have also been licensed and maintain a practice in acupuncture in Montana. This license was issued in 1980.

I have over the past 11 years attended 6 home births in which the primary provider was a midwife. The level of skill which I observed during these deliveries was of the highest calibre. The caring attitude of the practitioner and the supportive environment of the home are two reasons I think people choose this form for bringing children into the world.

I believe that it is not within anyones right to deny access to this type of quality care. A parent, who bears the ultimate responsibility for a childs welfare should have the right to choose how and where and under who's care that child is born.

Based on my training and experience I am in full support of house bill 458 and urge you to vote for its passage.

Sincerely,

Donald R. Beans

February 26, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. #15
DATE 3/13/89
BILL NO HB 458

Dear Senator

Surely we don't have to be coerced into going to a doctor everytime we want to have a baby! The birthing of a baby is definitely not an illness. The right to choose where and who we, as parents, to be present at such a special time should be our decision.

The midwife who was in attendance at the birth of our second child was very qualified. She taught, informed, and trained me for the birthing process. I would have a midwife again if we were to have another child.

Please support H.B. 458. We, as parents, have the capacity to make intelligent choices.

Thank you,

Marian Green

Marian Green
13900 Watson Road
St. Ignatius, MT 59865

EXHIBIT NO. #16
DATE 3/13/89
BILL NO. HB 458

February 23, 1989

Dear Senator

We are the parents of five children, three of whom have been born at home. We are heartily in support of House Bill 458 concerning the future of midwives in Montana.

Our midwife was very knowledgeable and competent in not only the practical aspects of prenatal care and delivery, but also in the psycho-emotional aspects of pregnancy and birth. She was sensitive toward our desires to have positive, family-centered birth experiences and our spiritual reasons for desiring home births, while at the same time carefully monitoring the physical details of each pregnancy. She got to know us as a couple and a family, which greatly enhanced the birth experience for all of us. We were very pleased with the sensitive, quality care she provided. We would definitely have a home birth with any future children.

We believe that conscientious, informed and responsible parents have a right to choose where to birth their children, since we believe birth is a private family-bonding experience and rarely a medical emergency.

Sincerely,

Roger & Kathryn Holt

Roger and Kathryn Holt
525 Second Avenue
Havre, Montana 59501

SENATE HEALTH & WELFARE
EXHIBIT NO. #17
DATE 3/13/89
BILL NO. HB 458

Feb. ,1989

Dear Senator

We are Robert and April Meyer, ages 34 and 30 respectively. Five years ago, we had a home birth with two very competent midwives. We became parents again of a lively, healthy boy who joined his (then five year old) sister.

We lived about 45 minutes away from our midwife, but we saw her almost every week during the pregnancy. We were encouraged to read everything we could get on birth and she answered every question we could come up with. Our five year old daughter was included in every visit, and during the birth, both of our mothers were present and made to feel very welcome. Their presence was also a comfort.

We were very pleased with the birth and the confidence we have in our midwives' skill goes without saying. After the birth the care received as well was excellent.

From our own personal experience, we feel we would definitely choose to have a home birth, with a midwife attending, for any and all future children we may have.

Robert + April Meyer

Robert and April Meyer
212 11th Street
Havre, Montana 59501

SENATE HEALTH & WELFARE
EXHIBIT NO. #18
DATE 3/3/89
BILL NO. HB 458

Dear Senator:

I am writing to urge you to support parents' rights in Montana by voting in favor of midwives.

I gave birth to my son last September at home with a midwife. When I became pregnant, it was very important to me to be able to choose the kind of natal care I wanted. I interviewed two obstetricians and one midwife and her assistant, and came to the decision that a hospital birth was not for me.

This decision to stay at home and to have a midwife attend my birth rather than a doctor was based on the belief that birth is a natural, normal event for which my body is designed; it is not intrinsically a medical event requiring the intervention of doctors. My midwife shared this belief. Her role was not to intervene, but to assist. Thus, the accomplishment of giving birth was my own.

This kind of assistance was exactly what I wanted from the cargiver I chose to attend my birth. My midwife helped me every step of the way, encouraged me, supported me, and the confidence I place in this kind of <u>care</u> is greater than the confidence inspired in me by interventions.

This confidence is not misplaced. My midwife constantly monitored my health and the health of my baby both throughout my pregnancy and through the birth and postpartum. During the birth itself she understood my fears and helped me through them. She helped me master the pain. She reminded me to relax, to drink, to breathe. She helped me work <u>with</u> my body to give birth. My son was born into a calm, welcoming environment, perfectly formed, perfectly healthy. I was up and moving about (gently) the next day, without the discomfort and pain of tears or episiotomy.

I understand that for some people having a baby in the hospital with a doctor attending is the only way they could feel comfortable and confident. But for people like me the opposite is true: I felt more comfortable and confident with a midwife and the type of care she provided.

What I am asking of you, Senator, is not to exclude me and people like me from choosing the type of health care that is right for us. As Americans and especially as Montanans we value freedom. That freedom should extend to decisions about health care. A vote for the midwifery bill would preserve this freedom.

Thank you for your time and attention.

Sincerely,

Mary Hay

Mary Hay
Box 8771
Missoula, Montana 59807

HRA

HISTORICAL RESEARCH ASSOCIATES

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Albuquerque, New Mexico 87102
(505) 243-6299

SENATE HEALTH & WELFARE
EXHIBIT NO. #19
DATE 3/13/89
BILL NO. HB 458

March 1, 1989

Dear Senators,

Eleven years ago, when my husband and I first discovered that we were pregnant, we set out to read about birth options available to us. As anthropologists we were knowledgeable about birthing practices around the world among non-industrialized cultures and we held certain values dear. Foremost in our minds, of course, was to bring a healthy child into the world and we did everything in our power to assure this outcome. Also of extreme importance to us was a birth situation where bonding could occur unimpeded. Studies among primate groups have documented that mothers will usually abandon infants to whom they have not bonded within the first hour of life. Our instincts are not so far removed from these although this critical need for bonding the mother-child relationship has been largely ignored in this culture. Given these concerns, we set out to find the option which would most likely promote a healthy birth without interference to the bonding process.

In comparing statistics between hospital and home births, we were surprised to learn that for the low-risk population statistics for both mothers and babies are better for home deliveries than hospitals. Furthermore, the local hospital in New Mexico had a Caesarean section rate of 43%. Armored with these statistics, and desiring a gentle, unhurried, drug-free birth, we sought a competent, well-trained midwife. Unfortunately, at the time, midwifery was illegal in New Mexico and finding a home birth attendant was extremely difficult. We were fortunate to find a retired O.B. nurse who was willing to assist. Although her care was admirable, her participation was limited due to her legal status. When I had to go into the hospital due to a retained placenta, I was admitted to the emergency room with no caregiver from whom background information could be provided because of this midwife's status and because our "back-up" doctor was out of town.

Our second and third children were born in Missoula where Dolly Browder served as midwife. We were impressed with her training and skills and her thorough pre-natal and parturition care. In addition, we were grateful for her professional working relationship with the doctor monitoring the pregnancy and the knowledge that if complications arose she would accompany us to the hospital, rather than abandon us at the emergency room door.

We give thanks whenever we take time to remember the wondrous births that took place in our home. These births were possible because of women like Ms. Browder who, until recently, offered a "natural alternative" for giving birth. We would hate to think others would be deprived of this right.

Sincerely,

for Sally T. Greiser, Ph.D.

SENATE HEALTH & WELFARE
EXHIBIT NO. #20
DATE 3-13-89
BILL NO. HB458

The Johns Hopkins Medical Institutions

Department of Gynecology and Obstetrics

Edward E. Wallach, M.D.
Professor and Chairman

February 14, 1989

Mr. Brian Zins
Executive Director
Montana Medical Association
2021 11th Avenue
Helena, Montana 59601

Dear Mr. Zins:

I am writing in response to our telephone conversation of February 14, 1989 regarding the participation of nurse midwives in the Obstetrical Program at The Johns Hopkins Hospital in Baltimore, Maryland. We permit only certified nurse midwives to deliver babies and provide prenatal care at The Johns Hopkins Hospital. All of their activities are supported by back up physicians from our Division of Maternal/Fetal Medicine. I hope this information verifies the point you raised.

Sincerely yours,

Edward E. Wallach, M.D.
The Dorothy Edwards Professor
of Gynecology

EEW/br

1 of 13

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

SENATE HEALTH & WELFARE
EXHIBIT NO. PETITION
DATE 3-13-89
BILL NO. HB458

Signature	Printed Name	Address	Zip Code
Jack R Tubbs	Jack R. Tubbs	1149 Harrison	59802
Pauline Kechter		930 Briar	59802
Bill Shea	WILLIAM J. SHEA	1025 BRIAR	59802
Elaine Dugas Shea	Elaine DUGAS SHEA	1025 BRIAR	59802
Julia S Schultz	JULIA S. SCHULTZ	801 Poplar	59802
Carol Brunner	Carol Brunner	1024 Taylor	59802
Fred Rice	Fred Rice	735 Elm	59802
Marci Watson	MARCI WATSON	735 ELM	59802
Morris C Howell Morris	Morris C. Howell Morris	1285 5th E.	59801
Carol Alette	Carol Alette	1309 Howell	59802
Kesa Hopkins	KESA HOPKINS	328 E. SPRUCE	59802
Ron O'Leary	Ron O'Leary	1309 Howell	59802
Valerie A. Bashor	Valerie A. Bashor	1110½ Jackson	59802
Carol A Mitchell	Carol A. Mitchell	1032 Harrison	59802
Richard Goldsmith	Richard Goldsmith	701 Locust	59802
Nancy Seldin	Nancy Seldin	715 Locust	59802
Sarah McClain	SARAH McCLAIN	324 JACKSON	59802
Troy Savage	TROY SAVAGE	105 Cherry St.	59802
Jeff R. Schroeder	Jeff R. SCHROEDER	1021 CHERRY ST.	59802
Ann Cook	ANN COOK	1004 TAYLOR ST.	59802
Amy Eaton	Amy Eaton	1240 Harrison	59802
Lillian Tubbs	Lillian Tubbs	1149 Harrison	59802

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

2 of 13

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address		Zip Code
Larry Eick	Larry Eick	610 W. Beckwith		59801
Marcia Bischoff	Marcia Bischoff	443 Ford		59801
Jason Bischoff	Jason Bischoff	443 Ford		59801
Caroline Schimaneck	Caroline Schimaneck	436 (102) Ford		598
Sam D O'Hallaron		436 Ford #204		59801
Jenn Bankhead		436 Ford #205		59801
Kim Prec		436 Ford #104		59801
David Adolf		"		"
Thomas C. Saielli	Tom Saielli	" 105		"
Randall J. Gould		712 W Beckwith	Missoula	59801
Georgia Gould		712 W. Beckwith	Missoula	59801
Chad Terry		422 FORD APT #3		
Tracy Saunders		428 Ford	Msla.	59801
Lori Allen		429 Ford	Msla	59801
Carolyn Lavalette		429 Ford	Msla	59801
Nick Lavalette		428 Ford	Msla	59801
Jill Howell		429 Ford	Msla	549-1575
Jim Bradford		501 Ford	Msla	549-7222
Debbi J. Foster		501 Ford	Msla.	549-7222
Lyla Nedlec		517 Ford	Msla	543-3286
Steven Drummond		526 Ford	Msla	549-9769
Kayce M Simonsen		" "	"	" "

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
[illegible]	Carol Savage	907 Cooper St. Msla	59802
[illegible]	Joyce Dozier	517 E. Sussex, Msla.	59801
[illegible]	JOHN NILSEN	531 N3RD W Box 8644, Msla	59807
[illegible]	ERICA BROWN	818 Grand, MSLA	59802
[illegible]	Robert Ciampa	722 N. 4th W. Msla.	59802
[illegible]	SUSAN LANE	521 EDDY MSLA	59801
[illegible]	NAOMI LEV	336 S. 5th E, Msla	59801
[illegible]	[illegible]	328 S. 4th W. Msla	59801
[illegible]	Janet Henderson	812 Harrison Msla	59802
[illegible]	[illegible]	628 Longstaff Missoula	59802
[illegible]	Ann Leamon	625 Cottonwood	59801
[illegible]	Richard Wells	420 E. Front #3 Msla	59802
[illegible]	Reva K. Clarys	507 S 3rd W Apt B	59801
[illegible]	Catherine Schuck	722 N. 4th W. Msla	59802
[illegible]	Renee Taaffe Johnson	735 E FRONT	59802
[illegible]	Rudyard B. Goode	643 E. Beckwith MSLA	59801
[illegible]	[illegible]	839 Sherwood	59802
[illegible]	Joanne Rose	539 Sherwood	59802
[illegible]	Ray Risho	3025. 4th w.	59801
[illegible]	Michael Kreisberg	244 So 2nd W. Msla	59801
[illegible]	Gladys McKinsey	501 - N Front Msla	59802
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	5975 Rexford Dr. Mpls	

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Elisabeth Emerson	Elisabeth Emerson	516 W. Alder	59802
Mary McFarland	Mary McFarland	317 Turner	59802
Ann Monaghan	ANN MONAGHAN	318 TURNER	59801
Darcy Field	Darcy Field	303 Turner	59801
Stefani Gray	Stefani GRAY	313 Turner	59801
Jillian Jurica	Jillian Jurica	325 Turner	59801
Syndy Douglas	Syndy Douglas	309 Turner	59801
Darcy Wilhelm	Darcy Wilhelm	308 Turner	59801
Janis Conn	JANIS CONN	314 Turner	59801
R Millar	REBECCA MILLAR	219 Turner Hall	59801
Tina Hanlon	Tina Hanlon	218 Turner Hall	59801
Karin Lehmkuhl	Karin Lehmkuhl	" " "	"
Robert Knutson	Robert Knutson	205 Miller Hall	5980
Sandi Kastoff	Sandi Kastoff	217 Turner Hall	59801
Julie Grover	Julie Grover	216 Turner	59801
Jeanne Stratton	Jeanne Stratton	216 TURNER	59801
Daniel A Leefler	DANIEL A LEEFLER	3602 Stephens #3-8 Parkside Village	59801
Matt Vanfleet	MATT VANFLEET	3821 Mount	59801
Sandra J. Rathbun	Sandra J. Rathbun	213 Turner Ud M	5980
PJ Hennessy	PJ HENNESSY	230 UNIVERSITY	5980

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Robert Mansfield	ROBERT MANSFIELD	629 Philips	59802
Alvan J. Rosenthal	Alvan J. Rosenthal	200 Connell	59801
Dwight Thomas	DWIGHT THOMAS	1528 Jackson, Missoula	59802
Max Gillian	MAX GILLIAM	405 So. 6th E. Missoula	59801
Kim Kompfert	KIM KOMPFERT	1485 CLARKA	59801
Debbie Kemp	[illegible]	504 E. Front	59802
Dave Siegmert	DAVE Siegmert	122 W. Helena Ct	59801
Jane Greek	JANE GREEK	440 DARLY #2	"
Martha H Newell	MARTHA H NEWELL	922 TAYLOR	59802
Mary Jane Johnson	MARY JANE JOHNSON	435 Beverly	59801
Kurt K. Welborne	KURT Welborne	1401 cooper	59802
Jeannine Fläten	Jeannine Fläten	264 Burlington	59801
David D. Brooks	DAVID D. BROWSKI	1203 Cooper	59802
Brant Goode	Brant Goode	818 Gravel	59802
Steven Leash	Steven Leash	Box 9285 Msla	59807
Megan Rooney	MEGAN ROONEY	Box 4245 Msla	5987
Florence Chessin	Florence Chessin	400 Univ. Ave.	59801
[illegible]	319 E SPRUCE #6		59802
William G. Dietz	WILLIAM G. DIETZ	533 Connell Ave	721-5597
Grey Lerner	GREY LERNER	#65 Dunniway Hall Univ of M Msla	59801

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Linda Thur-Fine RN	LYNDA THUR-FINE	518 N 3RD W, MISSOULA, MT	59802
Gregory Fine	Gregory Fine	518 N 3 W.	Missoula, MT, 598
[illegible]	STEPHEN BIERWAG	501 DEFOE	MISSOULA, MT 598
[illegible]	JACK Judd 1539 SHERWOOD	1539 Sherwood	MISSOULA 598
Elizabeth Miller	ELIZABETH MILLER	1539 Sherwood	MISSOULA, MT 598
Patricia Bierwag	Patricia Bierwag	501 DeFoe	Msla MT 59802
Margaret Madsen	Margaret Madsen	1605 Phillips	Msla, MT 59802
Bonnie J Duffin	Bonnie J. Duffin	538 So. Caravan	Msla 598
Laura A. Fox	LAURA A. FOX	1110 TAYLOR	MSLA MT 59802
Joy Bolton	Joy Bolton	734 Monroe St.	Missoula, MT 598
Randy Bolton	Randy Bolton	" " " " " "	
Johanna J McKinney	JOHANNA J. MCKINNEY	1428 Van Buren	5980
Bonnie J Rusk	Bonnie J. Rusk	1319 VanBuren	Msla, MT 59802
Duane Rusk	Duane Rusk	1319 Van Buren	Msla MT 59802
Don Ferguson	Don Ferguson	1936 Birch	Msla MT 59802
Mercedes Litfin	Mercedes Litfin	125 E. Beckwith	Msla., 59801
Bob Zingmark	BOB ZINGMARK	125 E. Beckwith SAME	Msla 59801
Evelyn Young	Evelyn Young	1001 Pullman #1	MSLA 598
Raymond H. McMillan	Raymond H. McMillan	1474 Harrison	Msla 5940

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
	JUNE J. SIPLE	717 DEFOE MISSOULA MT	59802
	GREG SIPLE	717 DEFOE, MSLA., MT	59802
[redacted]			
[redacted]			
Cynthia G Braun	CYNTHIA BRAUN	1301 Phillips - Msla	59802
Michael E. Barton	MICHAEL E. BARTON	1608 Phillips, Msla	59802
Ann Mary Dussault	ANN MARY DUSSAULT	1733 Phillips	59802
Cynthia Sharp	Cynthia Sharp	706 Howell	59802
Dorothy Clapper	Dorothy Clapper	714 Dafoe	59802
John Clapper	John Clapper	"	"
Julia H Roberts	JULIA H. ROBERTS	700 Defoe	59802
Eva Seitz	EVA SEITZ	722 Howell	59802
John Seitz	John Seitz	722 HOWELL	59802
Mary Barton	Mary Barton	1026 Kennett	59802
Bob Dick	BOB DICK	1026 KENNETT	59802
Chris Tonkinson	CHRIS TONKINSON	722 Locust St.	59802
John Pierce	John Pierce	733 Locust st	59802
G. Bruce Morris	G. BRUCE MORRIS	128 S. 5th E.	549-4039

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Barbara Ferguson	BARBARA FERGUSON	742 S. Higgins	59801
Thomas Ferguson	Thomas Ferguson	742 S. Higgins	59801
Dolores R. Browder	Dolores R Browder	200 Woodworth	59
Margaret B Vance	MARGARET B. VANCE	417 Beverly	59
Todd C Kaye	TODD C. KAYE	417 Beverly	

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Jay Baldwin	Jay Baldwin - RN	816 Cowper	59802
JoAnn Foley	JoAnn Foley - RN	" "	58802
Theresa Snyder	Theresa Snyder	731 E. Beckwith	59801
R.C. Snyder	RC Snyder	731 E. Beckwith	59801
Lisa McInerney	Lisa McInerney	111A Craighead	59801
Frank Laskos	FRANK LASKOS	1505 Phillips	59802
Martha Laskos	Martha Laskos	" "	59802
Sally J. Strom	Sally J. Strom	130 Jefferson	59802
Carolyn Beck	Carolyn Beck	825 Hazel	59801
Julie Laskos	Julie Laskos	649 S 6th W	59801
Cheryl Mitchell-Olds	Cheryl Mitchell-Olds	1616 Maurice	59801
Leonard Devaney	Leonard Devaney	1490 Daly	59801
Kate Hanson	Kate Hanson	806 Locust	59802
Katherine Hubbard	Katherine Hubbard	PO Box 2265	

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Dorothy L. Woods	Dorothy L. Woods	1615 Sherwood	59802
Elmera Shirlie Van Schaick	Elmera Shirlie Van Schaick	3024 Old Pond Rd	59802
Lewis T. Thomas	Lewis T Thomas	636 E 2nd Ave	59801
Edith Denny	Edith Denny	140 W. Sussex	59801
Charles F. Tiernan	Charles F. Tiernan	502 E. Sussex	59801
Shirley V. Tiernan	Shirley V. Tiernan	502 E. Sussex	59801
Robin R. Brown	Robin R. Brown	520 Dearborn	59
Joyce L. Hocker	Joyce L. Hocker	115 University	59801
Jane Suddendorf	Jane Suddendorf	316 Blake	59801
Doug Campbell	1618 Sherwood	1618 Sherwood	59801
Alice E. Campbell	"	"	"
John S Whiston	John Whiston	1615 Sherwood	59802

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

11/9/13

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Dan Dahlberg	DAN DAHLBERG	417 BLAINE	59801
Harriet Eichenholz	Harriet Eichenholz	440 Eddy	59801
Emilie Loring	EMILIE LORING	500 Daly	59801
Karyn Collins	Karyn Collins	441 Keith	59801
Robin L. Thompson	Robin L. Thompson	400 Evans Ave	59801
Sallie H Scott	Sallie Scott	2106 Hilda	59801
Gerald G. Fetz	Gerald Fetz	2106 Hilda	59801

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Robin Ames Wall	Robin Wall	235 E. Sussex	59801
Janet M. Bush	Janet Bush	402 N. 3rd W.	59802
Karen Rehard	Karen Rehard	1607 Missoula Ave.	59802
Katie Stack	KATIE STACK	301 E. Sussex-Msla.	59801
Jacky Norris	Jacky Norris	310 E. Sussex-Msla	59801
Abbott Norris	ABBOTT NORRIS	310 E. SUSSEX MSLA	59801
Bruce Carlson	Bruce Carlson	237 E Central	59801
Kerry Carlson	Kerry CARLSON	237 E. Central	59801
Kenneth S Wall	Kenneth Wall	235 E Sussex	59801
Janet Hulme	JANET HULME	501 E Central Msla	59801

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Gera Goode	Gera H. Goode	643 E. Beckwith	59801
Melodee Belanger	Melodee Belanger	418 Day	59804
Marian English	1327 Marian English	1327 Jackson	59802
Traci Stone	Traci Stone	515 N 4th W	59802
Katherine A. Mae Millen	KATHERINE A. MAE MILLEN	424 ½ MADISON	59802
Rebecca Hansen	Rebecca Hansen	837 A St.	59807
Helen McMenamin	Helen McMenamin	230 University	59801
Susan Carlson	Susan Carlson	921 West Spruce	59802
Garry Carlson	Garry Carlson	921 West Spruce	59802
Ellie Nuno	Ellie Nuno	927 West Spruce	59802
Brad Hutcheson	Brad Hutcheson	1306 Toole	59802
Ralph C Wilson	Ralph C Wilson	415 E Front St	59802

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
[redacted]			
Daniel J. Minelli	Daniel J. Minelli	320 S 3rd West	59801
Michaela Conway	Michaela Conway	629 Blaine	59801
[redacted]			
Bill Chumrau	Bill Chumrau	806 Locust	59802
Suzanne E. Hartzell	Suzanne Hartzell	230 Burlington	59801
Aleta Kantor	Aleta Kantor	238 Burlington	59801
Ann Kelly	Ann Kelly	264 Burlington	59801
Marc C. Bjorlie	MARC BJORLIE	264 Burlington	59[illegible]

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Beth A. Brennan	BETH A. BRENNAN	1533 Jackson	59802
William A. Rossbach	WILLIAM A. ROSSBACH	1533 JACKSON	59802
Steven Chord	Steven Chord	811 Hilda	59802
Patricia A. Tucker	Patricia A. Tucker	~~734~~ Hastings	59801
Carolyn Black	Carolyn Black	1020 Cherry	59802
Hank Fischer	HANK FISCHER	1534 Mansfield Ave	59801
John H. Schultz	JOHN H SCHULTZ	801 POPLAR	59802

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
T W King	Thomas W. King	325 Woodworth	59801
Carol Fran King	Carol Fran King	325 Woodworth	59801
Janis Pozzi-Johnson	Janis Pozzi-Johnson	516 north ave. east	59801
David L. Pozzi-Johnson	David L. Pozzi-Johnson	516 North ave. E.	59801
Linda Johnson	Linda Johnson	607 E. Central	59801
David Johnson	DAVID A. JOHNSON	607E CENTRAL	59801

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

ignature	Printed Name	Address	Zip Code
Don Herberger	Don Herberger	1615 Howell Box 5535	59806
Scott Smith	Scott Smith	1440 Sunflower	59803
Gisela Herberger	Gisela Herberger	P.O. Box 5535 ← 59806 (1615 Howell)	59802
Anna Jones	Anna Jones	1631 Howell St	59802
Robert Jones	Robert Jones	1631 Howell	59802

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: -SENATOR BILL NORMAN-

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Deborah Hastings	Deborah Hastings	1626 Stoddard Missoula, MT	59802
Jim Duffin	Jim Duffin	538 S. Caravan	Msla 59802
Carla Burgess	Carla Burgess	429 E. Pine	Msla 59802
Jeanne Sheils Twohig	Jeanne Sheils Twohig	1331 Harrison	Msla 59802
Cheryl Olson-McMillin		1428 Harrison Msla. 59802	Cheryl Olson-McMil

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
David Zinger	David Zinger	604 Toole Ave.	59802
Sue Silverberg	Sue Silverberg	722 N. 5th West	59802

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

Signature	Printed Name	Address	Zip Code
Susanna Myer	Susanna Myer	630 Blaine	59801
Cynthia Swidler	Cynthia Swidler	425 E. Sussex	59801

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

TO: SENATOR BILL NORMAN

RE: HOUSE BILL 458 ON MIDWIVES.

AS RESIDENTS OF SENATE DISTRICT 28 WE ASK YOU TO VOTE YES ON HOUSE BILL 458 ON MIDWIVES AS PASSED BY THE HOUSE.

gnature	Printed Name	Address	Zip Code
[illegible]	[illegible]	[illegible]	[illegible]
Mary T. Huston	Mary T. Huston	336 S 6th W	MSLA 59801
[illegible]	Michael Kenton	238 Burlington	MSLA 59801

Senate District 28 served by Bill Norman comprises HD55 Mike Kadas & HD56 Vivian Brooke

DATE 3/13

COMMITTEE ON Senate Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Oppo
indy Kaiser, CNM	self, 798 W. Gold Street - Butte	HB 458		X
Barry F. Lochridge	SELF, 37 Jefferson ct. - Bozeman	HB458	X	
Josie Lochridge	self 17 Jefferson Ct. Boz.	HB458	✓	
Catherine Goodman	self 2246 Hillside Missla	HB 458	✓	
Mary Shaw DO	self START. Dixon Mt.	HB458	✓	
Carol Bradshaw	Box 90 Dixon Mt.	HB458	✓	
Patricia England	self - 1038½ 12 Th Ave, Helena	HB458		X
Cheryl Nisbet	2742 Foothill rd. Kalispell	HB458	✓	
Beth Brown	P.O. Box 1841 Kalispell	HB458	✓	
Janine Standruff	self 710 Kelley Rd Col Falls	HB458	✓	
Juliette Bourret	self Augusta	HB458	✓	
Marie de Marie Rhodes	226 Gw Whitefish	HB458	✓	
Sarah Howe Cobb	Box 289 - self - Augusta	HB458		
Richard Neal	3050 S 8th W Msla	HB458	✓	
Janet & Jerry McGahan	Box 71 Arlee 59821	HB458	✓	
Karen Anne Brown	1410 3rd Ave No Gt Falls.	H458	✓	
Debra Broom	499 Marshall Rd	458	✓	
Peter Woodland	" " "	"	X	
Claire E. Trauth	400 Kootenai Ct, Stevensville	458	X	
Karen Hoy	215 Florence Missoula, 59801	HB458	X	
Jerry Schneider	215 FLORENCE. MSLA. 59801	"	✓	
Karen Renee Brown	304 E Franklin msla 59801	HB458	X	
Frances Conklin	2915 Duncan Dr Msla	H458	X	
Jeannine Hatten	264 Burlington Msla	H458	X	
Tammara Smith	328½ S. 4th W Miss	H458	X	
Kim Leyhart Kuetle	8305 Zang Dr Missoula	H458	X	

(Please leave prepared statement with Secretary)

DATE March 13, 1987

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
IMELA Kosec	Montana MWF Assn	458	✓	
ily Twhalske	1149 Harrison, Missoula	458	✓	
o Aves R Browder	200 Woodworth, Msla	458	✓	
istin Richard	944 Lorraine Billings	458	✓	
han Dierziger	Mt Nurses Assoc	458		✓
bara Ferguson	742 S. Higgins Msla	458	✓	
Teresa E. Snyder	731 E. Beckwith Msla	458	✓	
inda Roberts	PO Box 2264 Livingston Mt.	458	✓	
Estle Fellers	127 Idaho Whitefish, MT.	458	✓	
RRB Brant	1658 2nd St Whitefish MT	458	✓	
Brant Goode, RN	818 Grand, Missoula, MT	458	✓	
Debbie Dominick	950 Kienas Rd. Kal.	458	✓	
ichael Fellers	2140 Hwy 93 W. Whitefish	458	✓	
laina Lammer	6140 Bridger Canyon Rd Bozeman	458	✓	
Dr. Tony Ferguson	742 S. Higgins MSLA	458	✓	
Alice Campbell	M.S.C.A.	458	✓	
John Whitton	MMA	458	—	
Gretchen Hirsch MD.	Pediatrician from Helena MT Mountain-Plains Inst. Child Health			✓
Pamela Shore RN JD	MMA	458	✓	
Pete Zimmerman	3639 Trail Creek Boz., SELF	458	✓	
Lois Zimmermann	3639 TRAIL CREEK Rd Bozeman	458	—	
Catherine Schuck	722 N. 4th W.	458	✓	
Jan Reiser	621 N. B. Livingston	458	✓	
Loretta Gehrke, CNM	Box 854 Livingston	458	✓	
Judy McDonald MD	631 W. Alder Missoula	458		✓
Karla Grant RN	3612 7th Ave N. Gt. Falls, MT.	458	✓	

5944

(Please leave prepared statement with Secretary)

DATE March 13 1989

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppos
Shereelin Caldwell	612 N 6th W, Msla	HB458	X	
Barb Dohner	Mont Nurses Assoc	HB458		X
Jack Tuholske	1149 Harrison Msla	HB458	X	
Joan Schumaker	725 Longstaff	HB458	X	
Mike Lear	W. Ball, MT	HB458	X	
Leon T. Lebedt	528 Hazelgreen	HB458		X
Astrid Wibbon	1248 S. Hills Dr,	HB458		X
Deb. Corcoran	7012 Austin Rd	458	✓	
Nancy L. Leifer	544 Cleveland, Missoula	458	✓	
Terra Linda Leifer	"	458	✓	
Eileen E Perry	460 Boulder Rd, Deer Lodge	458	✓	
Kristin Jacobson	515 Hillsdale, Helena	HB458	✓	
Pamela Luoma	136 Bridger Ct. Msla	HB458	✓	
Bruce Luoma	136 Bridger Ct., Msla	HB458	✓	
Thomas Lee	HD 49	HB 458		
Mona Jamieson	Midwifery Assoc.	458	✓	
J. Bruce Morris	128 S. 5th E; MSLA; MYSELF	HB 458	✓	
Donna Small	2216 Chateau Helena	458		X
William Bruce LPN	P.O. 1951 WHITEFISH, MT. 59937	458	✓	
Diane Sands	MT Women's Lobby	458	✓	
Nanette A. Hardesty	951 E. 2nd St. Stevensville	458	✓	
			✓	

(Please leave prepared statement with Secretary)

prescription contraceptives.

Discussion: Senator Lynch stated he believed the present system of dispensing is totally inadequate. It was his suggestion that the pharmacists' amendments be passed; see how it works for two years, and then if it is inadequate, support the bill as it was presented. Senator Rasmussen stated he believed that would be a good, common sense approach.

Senator Himsl stated he believed it should be limited to a 30-day supply.

Representative Simon, sponsor of the bill, pointed out that the person from Missoula who testified against the bill does not see the volume of people that the family planning clinics see.

Senator Rasmussen stated that Dr. Jack McMahon feels that the amendments are appropriate.

Recommendation and Vote: Senator Lynch made a MOTION THAT THE AMENDMENTS PRESENTED BY THE PHARMACISTS BE ADOPTED. Senators in favor, 5; opposed, 1 (Hager).

Senator Lynch then made a MOTION THAT HOUSE BILL 688 BE CONCURRED IN AS AMENDED. Senators in favor, 6; opposed, 0.

EXECUTIVE ACTION ON HOUSE BILL 458

Chairman Hager called for action on HB 458: Senator Hager stated that this act established parents' rights regarding the birth of a baby; and exempted direct-entry midwives from the medical practice act. This bill is commonly referred to as the Midwives Bill.

Discussion: Senator Pipinich stated he wished to show his file which contained approximately 370 letters in support of this bill. Senator Hager added that there is much lobbying on this bill, adding he received 75 phone calls two days ago, and 65 yesterday all HB 458.

Senator Lynch stated he had some major concerns that he wished to put in the form of amendments. His first amendment would require filing of certain affidavit certifying that he or she has completed the emergency childbirth training segment of a state approved emergency training program within 12 months of the effective date of this act. Mona Jamison, Attorney for the Midwives, stated she agreed to this amendment.

Recommendation and Vote: Senator Lynch made a MOTION THAT AMENDMENT BE ADOPTED. Senators in favor, 7; opposed, 0. AMENDMENT ADOPTED.

Discussion: Senator Norman stated that the medical system is put under much stress and liability if a midwife brings in a patient already in labor with apparent complications. In order to correct that situation he stated he wished to propose an amendment stating that a physician, nurse or hospital would not be liable for civil damages for acts or omissions other than those caused by gross negligence. In answer to a query by Senator Rasmussen, Senator Norman explained that if a physician has had no previous medical contact with the patient or the baby, the amendment would apply. However, if he has been taking care of a patient along with a midwife, then he possibly would be on weak ground arguing that he is not responsible. Senator Rasmussen wondered if the wording should be a little "finer". Senator Himsl stated that the amendment does not give total absolution to a doctor, but it does establish a defense in the event he needs one.

Recommendation and Vote: Senator Norman made a MOTION THAT HIS AMENDMENT REGARDING LIABILITY BE ADOPTED. Senators in favor, 5, opposed, 2 (Rasmussen and Pipinich). AMENDMENT ADOPTED.

Discussion: Senator Lynch stated he wished to present another amendment which would prohibit direct-entry midwives from prescribing, dispensing or administering drugs. Senator Rasmussen asked if the midwives' lobbyist could quickly explain what the midwives do currently in this regard. Mona Jamison stated that she has no problem with the proposed amendment. It was her belief that it is a restatement of the current law. She stated she understands they use no drugs in the birthing process. She believed in the lawsuit mentioned in the testimony it was brought up whether or not medication was used after the birth. Senator Lynch advised that Ms. Browder said that on rare occasions she uses pitosin.

Recommendation and Vote: Senator Lynch made a MOTION THAT THE AMENDMENT BE ADOPTED. Senators in favor, 7, opposed, 0.

Discussion: Senator Lynch stated his last concern regarded liability insurance for lay midwives. He asked Ms. Jamison why lay midwives could not get liability insurance. Ms. Jamison stated she is no expert on insurance but she did know that there is no malpractice insurance available in the United States for direct

entry midwives because they are not licensed. She stated she cannot explain why insurance companies do not offer it. She stated that she knows that no consumer in Montana has ever sued a midwife. One theory suggests that the relationship of trust and friendship has much to do with the incidence of lawsuits. She reiterated that malpractice insurance is not available to lay midwives.

Recommendation and Vote: Senator Lynch presented an amendment requiring liability insurance for a person practicing direct-entry midwifery. Senator Lynch made a MOTION THAT THE AMENDMENT BE ADOPTED. Senators in favor, 2; opposed, 5. AMENDMENT NOT ADOPTED.

Recommendation and Vote: Senator Rasmussen made a MOTION THAT HOUSE BILL 458 BE CONCURRED IN AS AMENDED. Senators in favor, 6; opposed 1 (Lynch).

Senator Rapp-Svrcek will carry HB 458 to the Senate floor.

HEARING ON HOUSE JOINT RESOLUTION 24

Presentation and Opening Statement by Sponsor: Robert Pavlovich, Representative of House District #70, stated that House Joint Resolution 24 is a resolution that urges our Secretary of State and the Department of Veterans Affairs in Washington, D.C. to do something about nursing homes in Montana. There is a 26 bed nursing home in Miles City and 60 beds in Columbia Falls. Presently there are 106,000 veterans in Montana. Soon there will be 20,000 to 30,000 who will be in the age group of 60 and over, and there must be a place for them. This resolution was adopted in the early 70's and was sent to Washington in 1979.

List of Testifying Proponents and What Group they Represent:

John Sloan, Commander, Military Order of the Purple Heart, Helena
Hale Manson, American Legion
Walt Wheeling, Ex-POWs, ADBC
John DenHerder, Department of Montana Disabled American Veterans
George Poston, United Veterans of Montana
Rich Brown, Montana Board of Veterans Affairs

List of Testifying Opponents and What Group They Represent:

None

Testimony:

SENATE STANDING COMMITTEE REPORT

March 20, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 458 (third reading copy -- blue), respectfully report that HB 458 be amended and as so amended be concurred in:

Sponsor: Peck (Rapp-Svrcek)

1. Title, line 11.
Following: ";"
Insert: "PROVIDING IMMUNITY FROM LIABILITY FOR HEALTH CARE PROVIDERS RENDERING CARE, ASSISTANCE, OR SERVICES TO A WOMAN WHO HAS RECEIVED MIDWIFERY SERVICES;"

2. Page 2, line 9.
Following: line 8
Insert: "NEW SECTION. Section 2. Affidavit required. A direct-entry midwife shall file an affidavit with the department of commerce certifying that he or she has completed the emergency childbirth training segment of a state-approved emergency medical training program within 12 months of the effective date of [this act]."
Renumber: subsequent sections

3. Page 4, line 20.
Following: "."
Insert: "Direct-entry midwives may not prescribe, dispense, or administer drugs as defined in 37-7-101."

4. Page 5, line 8.
Following: line 7
Insert: "NEW SECTION. Section 4. Immunity from liability. A physician licensed under Title 37, chapter 3, a nurse licensed under Title 37, chapter 8, and a hospital licensed under Title 50, chapter 5, rendering care, assistance, or services to a woman during pregnancy, labor, childbirth, or the postpartum period, when the woman within 30 days prior thereto has received direct-entry midwifery services as defined in 37-3-103, is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence."
Renumber: subsequent section

AND AS AMENDED BE CONCURRED IN

Signed: Thomas O. Hager

Thomas O. Hager, Chairman

H.C. 18
3/20/89
5:00 p.m.

scrhb458.320

ROLL CALL

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989 Date 3/17/89

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane			X
Sen. Pipinich	X		

Each day attach to minutes.

HB 458
3/17/89
(brought in day after hearing)

MEMORANDUM

TO: SENATOR TOM HAGER
FROM: MICHAEL SHERWOOD, MTLA
RE: HB 458--AMENDMENTS PROPOSED BY MONTANA HOSPITAL ASS'N
DATE: 3-13-89

At the hearing on this bill the Montana Hospital Association offered an amendment to the bill providing as follows:

Licensed Medical Practitioners, Nurse Specialists, Nurses, and Licensed Health Care Facilities shall not be liable for the direct consequences of care commenced by a direct-entry midwife in birthing procedures, which are subsequently transferred to their care.

I was unaware that this amendment would be proposed and did not testify at the hearing. MTLA has the following concerns about the amendment:

1. This issue is already being addressed in House Bill No. 57. I have attached a copy of that bill and of an amendment proposed by the Montana Hospital Association for your review. Note that a health care provider(including doctor, nurse and hospital) are liable under the terms of the current bill only when they fail to excercise due care inconsistent with that of a reputable health care provider under similar circumstances, in a like case, in a similar locality.

The amendment goes on to say that a health care provider rendering emergency obstetrical services is liable only for gross negligence.

2. The amendment is a clumsily worded restatement of the current law. Health care providers, like all other citizens of this state can only be held liable for injuries caused by <u>their own</u> negligence. If a direct-entry midwife has done something to injure a patient then the midwife (not the subsequent health care provider) is liable under commonly accepted theories of civil liability. However, the amendment, to be consistent with common legal terminology, should speak to this issue in terms of "proximate cause" rather than "direct consequences".

We oppose this amendment because the subject matter is currently being treated in another piece of legislation and because the clumsy wording of the amendment makes it ambiguous.

Michael J. Sherwood
Legislative Counsel
Montana Trial Lawyer Association

HB 458
3/17/89
1

Amendments to House Bill No. 458
Third Reading Copy

Requested by Senator Tom Hager
For the Senate Public Health, Welfare and Safety Committee

Prepared by Tom Gomez, Staff Researcher
March 17, 1989

1. Title, line 11.
Following: ";"
Insert: "REQUIRING FILING OF CERTAIN AFFIDAVIT;"

2. Page 2, line 9.
Following: line 8
Insert: "NEW SECTION. **Section 2. Affidavit required.** A direct-entry midwife shall file an affidavit with the department of commerce certifying that he or she has completed the emergency childbirth training segment of a state approved emergency training program within 12 months of the [effective date of this act]."
Renumber: subsequent sections

HB 458
3/17/89

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE
BILL NO.

Amend House Bill No. 458 as follows:

1. Page 5.
Following: line 7
Insert: "NEW SECTION. SECTION 3. A physician licensed under Title 37, Chapter 3; a nurse licensed under Title 37, Chapter 8; and a hospital licensed under Title 50, Chapter 5

(a) who renders care, assistance or services to a woman during pregnancy, labor, child birth or the postpartum period, and

(b) such woman within 30 days prior thereto has received midwifery services as defined in this act,

is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence."
Renumber: subsequent sections

HB458
3/17/89
3

SENATE HEALTH & WELFARE
EXHIBIT NO.
DATE
BILL NO.

HOUSE BILL 458

Amendment

Page 4, line 20
Following: "."
Insert: "(i) Direct-entry midwives shall not prescribe, dispense, or administer drugs as defined in 37-7-101.

SENATE HEALTH & WELFARE
EXHIBIT NO.
DATE 3/17/89
BILL NO. 458

1. Title, line 11.
Following: ";"
Insert: "REQUIRING LIABILITY INSURANCE FOR A PERSON PRACTICING DIRECT-ENTRY MIDWIFERY;"

2. Page 4, line 17.
Following: "."
Insert: "A person wishing to practice direct-entry midwifery shall comply with the provisions of (Section 3)."

3. Page 5, line 5.
Following: line 4
Insert: "NEW SECTION. Section 3. Liability insurance for direct-entry midwifery.

(1) A person practicing direct entry midwifery shall register annually with the department. The registrant shall submit proof of liability insurance at the time of registration.

(2) The liability insurance must be in an amount of at least $100,000 per occurrence and $300,000 in the annual aggregate.

(3) An insurer may not cancel or terminate a policy referred to in subsection (2) until at least 10 days after a notice of cancellation or termination of the insurance has been filed with the department.

NEW SECTION. Section 4. Codification. (Section 3) is intended to be codified as an integral part of Title 37, Chapter 3, and the provisions of Title 37, Chapter 3, apply to (Section 3)."

Renumber: Subsequent section

HB 458
3/17/89
5

Amendments to House Bill No. 458
Third Reading Copy

For the Senate Public Health, Welfare and Safety Committee

Prepared by Tom Gomez, Staff Researcher
March 20, 1989

1. Title, line 11.
Following: ";"
Insert: "PROVIDING IMMUNITY FROM LIABILITY FOR HEALTH CARE PROVIDERS RENDERING CARE, ASSISTANCE, OR SERVICES TO A WOMAN WHO HAS RECEIVED MIDWIFERY SERVICES;"

2. Page 2, line 9.
Following: line 8
Insert: "NEW SECTION. Section 2. Affidavit required. A direct-entry midwife shall file an affidavit with the department of commerce certifying that he or she has completed the emergency childbirth training segment of a state-approved emergency medical training program within 12 months of [the effective date of this act]."
Renumber: subsequent sections

3. Page 4, line 20.
Following: "."
Insert: "Direct-entry midwives may not prescribe, dispense, or administer drugs as defined in 37-7-101."

4. Page 5, line 8.
Following: line 7
Insert: "NEW SECTION. Section 4. Immunity from liability. A physician licensed under Title 37, chapter 3, a nurse licensed under Title 37, chapter 8, and a hospital licensed under Title 50, chapter 5, rendering care, assistance, or services to a woman during pregnancy, labor, childbirth, or the postpartum period, when the woman within 30 days prior thereto has received direct-entry midwifery services as defined in 37-3-103, is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence."
Renumber: subsequent section

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/17/89 Bill No. 458 (Medivac Bill) Time

NAME	YES	NO
Sen. Tom Hager	X	
Sen. Tom Rasmussen	X	
Sen. Lynch	X	
Sen. Matt Himsl	X	
Sen. Bill Norman	X	
Sen. Harry McLane (By written vote (Letter))	X	
Sen. Bob Pipinich	X	

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen Lynch - 3, the amendments
Favor 7 - 0 Opposed

Effective date
Retro
3rd Reading

1989

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/17/89 Bill No. 458 Time

NAME	YES	NO
Sen. Tom Hager	X	
Sen. Tom Rasmussen		X
Sen. Lynch	X	
Sen. Matt Himsl	X	
Sen. Bill Norman	X	
Sen. Harry McLane (By written vote)	X	
Sen. Bob Pipinich		X

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen. Norman moved the second amendment to HB 458

In favor 5 Opposed - 2

1989

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/17/89 Bill No. 458 Time

NAME	YES	NO
Sen. Tom Hager	X	
Sen. Tom Rasmussen	X	
Sen. Lynch	X	
Sen. Matt Himsl	X	
Sen. Bill Norman	X	
Sen. Harry McLane By written instruction	X	
Sen. Bob Pipinich	X	

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Lynch by 3rd amendment. Adopt. 7 - 0

(3)

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/17/89 Bill No. 458 Time

NAME	YES	NO
Sen. Tom Hager		X
Sen. Tom Rasmussen		X
Sen. Lynch	X	
Sen. Matt Himsl		X
Sen. Bill Norman		X
Sen. Harry McLane By written instruction	X	~~X~~
Sen. Bob Pipinich		X

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen Lynch made motion DO Amend. (F)
(adopted.
Favor 2 - Opposed 5
Motion failed.

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/17/89 Bill No. 458 Time

NAME	YES	NO
Sen. Tom Hager	X	
Sen. Tom Rasmussen	X	
Sen. Lynch		X
Sen. Matt Himsl	X	
Sen. Bill Norman	X	
Sen. Harry McLane By written instruction	X	
Sen. Bob Pipinich	X	

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Be Concurred in as amended

Sen. Russ 6 to 9 amend

passed 6 - 1

Paul Rhue-V

1987

Form CS-32
Rev. 1985

STATUS SHEET

____ LEGISLATIVE SESSION

HUMAN SERVICES AND AGING COMMITTEE

BILL NUMBER	ENTERED COM. DATE	DATE CON-SIDERED	OUT OF COM.	DO PASS DATE	DO NOT PASS DATE	DO PASS AS AMENDED DATE	DO NOT PASS AS AMENDED DATE	BE CON-CURRED IN DATE	BE NOT CON-CURRED IN DATE	BE CON-CURRED IN AMENDED DATE	BE NOT CONCURRED IN AS AMENDED DATE
HB328	1-23-89	2-3-89	2-8-89								
HB377	1-25-89	2-1-89	2-13-89			2-13-89					
HB378	1-25-89	2-8-89	2-8-89			2-9-89					
HB381	1-25-89	2-6-89	2-11-89			2-11-89					
HB382	1-27-89	1-27-89	2-13-89								
HB389	1-25-89	2-4-89	2-4-89	2-4-89							
HB395	1-25-89	2-4-89	2-4-89			2-4-89					
HB402	1-25-89	2-4-89	2-4-89	2-4-89							
HB458	1-27-89	2-6-89	2-10-89			2-10-89					
HB524	2-1-89	2-8-89	2-13-89			2-13-89					
HB529	2-1-89	2-8-89	2-13-89			2-13-89					
HB541	2-5-89	2-13-89	2-13-89	2-13-89							
HB579	2-5-89	2-13-89	2-13-89								
HB614	2-5-89	2-13-89	2-13-89			2-13-89					

Use a separate sheet for Senate Bills, House Bills, and Resolutions.

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on February 6, 1989, at 3:00 p.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Mary McCue, Legislative Council

Announcements/Discussion: None

HEARING ON HB 458

Presentation and Opening Statement by Sponsor:

Rep. Peck stated that the bill was an act establishing parents' rights regarding the birth of a baby; exempting direct entry midwives from the medical practice act.

Testifying Proponents and Who They Represent:

Mona Jamison, Montana Midwifery Association
Dolly Browder
Greg Rice, M.D.
Lesley Fellers
Cheryl McMillan
Mikelann Caywood Baerg
Brant Good
Clare Trouth
Sarah Cobb
Debbie Cochran
Pam Bowman
Chris Zimmerman
Jack Polesky
Anita Vashall
Douglas Rose
Jim Haynes
Constance Morris

Proponent Testimony:

Mona Jamison states that this bill is about choice, choice about how the citizens of Montana choose to have their babies. It's also simultaneously a recognition of a

tradition in this state and the United States since we have been a territory, since this country began and since all of time on people choosing to have their babies at home with midwifes. This bill is important because there is a focus to this bill and it has to do with the ability if midwives to practice outside the cloud of criminal sanction. Ms. Jamison also supplied an impact of the obstetrical liability crisis in Montana, Exhibit 1.

Dolly Browder stated that she was a direct entry midwife and practiced for eleven years in Missoula and attended 300 births. Ms. Browder was enjoined from the practice of midwifery. She stated also that this piece of legislation is an honorable way to clarify the choice of midwives for our state citizens. This represents an enhancement to infant and maternal care and Ms. Browder wants to continue caring for pregnant women and their families.

Greg Rice, M.D. attended over 800 births and has worked with several direct entry midwives. In Lincoln County there are many people who choose to have home births and supports the theory of midwifery.

Lesley Fellers, a midwife, stated that she had attended a midwifery school in Texas which was run by a licensed midwife. She has been a midwife in Montana for seven years and in that time has attended 200 births, no deaths either maternal or infant.

Cheryl McMillan, R.N. is a midwife and a instructor at Montana State University. She is here to support the bill to exempt the practice of midwifery from the Medical Practice Act and to support a family's right to choose where and with whom they will give birth. Exhibit 2.

Mikelann Caywood Baerg stated there were 21 states that do allow the practice of lay midwifery or direct entry midwifery.

Brant Good, R.N. and is organizing health care professionals from around the state who support this bill. Currently there are 50 plus people including physicians who specialize in family medicine, pediatric medicine and emergency medicine.

Claire Trauth supports this legislation.

Sarah Cobb supports this bill.

Debbie Cochran stated that she supports this bill.

Pam Lowman stated her support.

Chris Zimmerman supports this bill.

Jack Toholsky supports this bill.

Anita Vashall supports this bill.

Douglas Rose supports this bill.

James A. Haynes an attorney stated his support and supplied Exhibit 3.

Constance Morris states her support.

Written testimony was also supplied by Constance Morris, Anita C. Vatshell, Jack Tiholshe, Pamela Luoma, Debi Corcoran, Mikelann Caywood Baerg, Kris Zimmermann, Claire Trauth, Cindy Kaiser, John Whiston.

Testifying Opponents and Who They Represent:

Cindy Kaiser
R.D. Marks, M.D.
Barb Booher, Montana Nurses Association
John Jacobson, M.D.
Patricia England, Attorney at Law
James Nickel, M.D.
Jerry Loendorf, Montana Medical Association

Opponent Testimony:

Cindy Kaiser stated her opposition to this bill and said that when the end is not good it becomes the responsibilty of the state. This bill lacks in two critical areas, certification and licensure.

R.D. Marks, M.D. stated as a member of the medical profession he opposed any activity such as home birth, which increases morbidity and mortality. The proposed legislation is not well thought out and does not serve the public's interest. Exhibit 4.

Barb Booher stated that it is the belief of the Board of Nursing that all MOntana citizens should receive their health care from qualified, educated and licenses practitioners and that patients should be in a setting where modern technology and expertise is readily available to them. Exhibit 5.

John Jacobson, M.D. reiterated the Montana Codes, 37-3-101, Purpose under the medical practice act.

Patricia England an attorney stated that the midwives request an exception to the practice act without any provision for licensing or any other quality control.

James Nickel, M.D. a gynecologist sits on a committee

in Washington which is called the maternal field committee which is a group of physicians who look over statistics, publications, and try to help regulate the 26,000 board certified gynecologist. Dr. Nickel also supplied a chart. Exhibit 6.

Jerry Loendorf stated that if this bill becomes law, it grants the greatest license that could be given, an unlimited license. We grant an exemption to any licensing. If a lay midwife is not up to whatever the standard is, who can come forward and take that person before a board or anywhere and take that license. What is the standard, there is no standard in this bill.

Written testimony was also supplied by John R. Jacobson.

Questions From Committee Members: Rep. Simon asked Ms. Fellers about high risk factors and how she determines them. Ms. Fellers stated that she used a risk scoring system, does not work with women who had pre-existing medical disease, does not work with a woman that smokes cigarettes, does not work with a woman who is younger than 18 or over 40, or has high blood pressure. Rep. Simon then asked Ms. Fellers about malpractice insurance and Ms. Fellers stated that she did not carry malpractice insurance because it was not provided.

Rep. Whalen asked Ms. Booher how many certified midwives there were and she stated that there were 16 and 8 in practice. Rep. Whalen then asked who they were certified by and Ms. Booher stated that they were certified by the Board of Nursing and are also regulated by that board.

Rep. Good asked Ms. Browder if she had ever tried to acquire a license and Ms. Browder stated that she would if there were such a license in Montana. Rep. Good then asked Ms. Browder about accountability and why would she object to do the things that are required to be certified or licensed and Ms. Browder said that she did not object to them at all, this is the practice of midwifery and not the practice of medicine.

Rep. Brown asked Ms. Jamison about certification in other states regarding direct entry midwives and Ms. Jamison stated said that there were some that did have licensure and boards and many of them do not.

Rep. Boharski asked Ms. Jamison if it was illegal to practice direct entry midwifery in the state of Montana and Ms. Jamison stated that it was not.

Closing By Sponsor: Rep. Peck closes on the bill.

DISPOSITION OF HB 458

A subcommittee was formed consisting of Reps. Russell, Stickney and Nelson.

HEARING ON HB 381

Presentation and Opening Statement by Sponsor:

Rep. Menahan stated that this bill was an act requiring insurers and health service corporations transacting health insurance business in this state to offer coverage for the formula necessary in the treatment of phenylketonuria and providing an applicability date.

Testifying Proponents and Who They Represent:

Gene Huntington, Montana Dietetic Association
Mary Musil, Montana Dietetic Association
Nichole Pool
Sidney Pratt, M.D., Department of Health and Environmental Sciences and Maternal and Child Health Bureau
John Thorson, Montana Mental Health Association
Chris Valinkady, Developmentally Disabled of Montana
Chuck Butler, Blue Cross and Blue Shield

Proponent Testimony:

Gene Huntington spoke about the treatment that dietitians were involved in which the treatment of PKU and has a great interest in this bill.

Mary Musil supplied testimony about what PKU, how does it affect a child, how is the disease passed on, is there a test for PKU, can PKU be treated, what is the problem of maternal PKU, what is new in PKU research. Exhibit 7.

Nichole Cole testified as a mother with two children that had been born with PKU. She told of the cost of caring for these children and stress which her family had in acquiring insurance for the coverage of these children.

Sidney Pratt stated that he tested the newborns for PKU. The ailment is treated through diet alone. There is no cure for this disease. The prognosis without a diet is complete mental retardation.

John Thorson stated that the early diagnosis and treatment is the most beneficial treatment.

Chris Valinkady stated that she supported insurance payments for the formula needed for PKU babies. In the last fourteen years, Ms. Valinkady has worked with 2 victims

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date February 6, 1989

NAME	PRESENT	ABSENT	EXCUSED
Stella Jean Hansen	✓		
Bill Strizich	✓		
Robert Blotkamp	✓		
Jan Brown	✓		
Lloyd McCormick	✓		
Angela Russell	✓		
Carolyn Squires	✓		
Jessica Stickney	✓		
Timothy Whalen	✓		
William Boharski	✓		
Susan Good	✓		
Budd Gould	✓		
Roger Knapp	✓		
Thomas Lee	✓		
Thomas Nelson	✓		
Bruce Simon	✓		

IMPACT OF THE OBSTETRICAL LIABILITY CRISIS IN MONTANA

Over the past three years, the Montana Academy of Family Physicians has distributed four separate surveys of physicians and hospitals in Montana to determine the extent of the obstetrical crisis in Montana. The Montana Area Health Education Center (Montana AHEC) requested the data from Dr. Paul Donaldson of the Montana Academy of Family Physicians in order that we might assist in developing an awareness on the part of health professionals and the public on the implications of the loss of obstetrical services to rural citizens of Montana. An analysis of the latest survey (October 1987) by the Montana Academy of Family Physicians is given below and illustrated on the reverse side map.

	Number	Percent
COUNTIES WITHOUT OB SERVICES	18	32%
ADDITIONAL COUNTIES SOON TO BE WITHOUT OB SERVICES	19	34%
PROJECTED TOTAL COUNTIES WITHOUT OB SERVICES	37	66%

The Montana Medical Association estimates that over 40% of all physicians in Montana have already stopped obstetrical services and that it will increase to 60% during June 1988. The Montana Academy of Family Physician survey shows that 123 physicians are still delivering babies. These data suggest that 67% of doctors have or will terminate obstetrical services in the near future. Forty-nine of the 123 physicians delivering babies are contemplating the termination of services as the insurance rates increase. The average insurance cost for Montana Obstetricians in 1987 was $42,900 and for Family Physicians delivering babies it was $11,300. Premium increases over the two year period from 1985 to 1987 have averaged 173% for obstetricians and 126% for family physicians. Additional increases are scheduled for 1988.

The information reported is constantly changing. Some counties without obstetrical services have now obtained the services of a physician. In others, physicians delivering babies have terminated their practices.

EXHIBIT 458-1
DATE 2-6-89
HB 458

TESTIMONY ON MIDWIFERY BILL

CHERYL MCMILLAN, R.N.,C., M.S.
FEBRUARY 6, 1989

MADAM CHAIRPERSON, AND COMMITTEE MEMBERS

MY NAME IS CHERYL MCMILLAN. I AM A NATIVE MONTANAN, HAVING GROWN UP IN LIVINIGSTON, AND AM A REGISTERED NURSE. I RECEIVED MY BASIC NURSING EDUCATION AT ST. VINCENT'S SCHOOL OF NURSING, IN BILLINGS AND LATER RECEIVED A BACHELOR'S DEGREE AT MONTANA STATE. I HAVE MASTER'S DEGREE IN MATERNAL CHILD NURSING FROM THE UNIVERSITY OF COLORADO. I WAS ALSO THE RECIPIENT OF A ROBERT WOOD JOHNSON FELLOWSHIP TO STUDY FOR A YEAR AT THE UNIVERSITY OF MARYLAND MEDICAL CENTER WAYS TO IMPROVE THE DELIVERY OF PRIMARY HEALTH CARE IN THIS COUNTRY. IT WAS DURING MY FELLOWSHIP YEAR THAT I ALSO RECIEVED MY CERTIFICATION AS A NURSE PRACTITIONER. I AM CERTIFIED AS A FAMILY NURSE PRACTITIONER BY THE AMERICAN NURSES ASSOCIATION.

I TEACH AT MONTANA STATE UNIVERSITY COLLEGE OF NURSING, MISSOULA EXTENDED CAMPUS. I AM AN ASSOCIATE PROFESSOR OF MATERNAL-CHILD NURSING, AND HAVE BEEN TEACHING IN THIS SPECIALTY AREA FOR SEVENTEEN YEARS. MY PRIMARY ASSIGNMENT AT MSU IS TO TEACH TWO COURSES IN MATERNITY NURSING. THE FIRST OF THESE COURSES FOCUSES ON NURSING CARE OF FAMILIES DURING THE CHILDBEARING CYCLE AND FOCUSES ON PREGNANCY AS A NATURAL PROCESS BY WHICH WOMEN AND THEIR FAMILIES ADAPT PHYSICALLY, PSYCHOLOGICALLY AND SOCIOLOGICALLY TO THE CHANGES BROUGHT ABOUT BY PREGNANCY. THE OTHER COURSE FOCUSES ON HIGH RISK CONDITIONS ASSOCIATED WITH CHILDBEARING.

I AM HERE TODAY TO TESTIFY IN SUPPORT OF THE THE BILL TO EXEMPT THE PRACTICE OF MIDWIFERY FROM THE MEDICAL PRACTICE ACT, AND TO SUPPORT FAMILY'S RIGHT TO CHOOSE WHERE AND WITH WHOM THEY WILL GIVE BIRTH.

I AM A FIRM SUPPORTER OF MIDWIVES AND OF THE ROLE THEY PLAY IN BRINGING ABOUT POSITIVE OUTCOMES TO PREGNANCY. MY STUDY OF THEIR SUCCESSES BOTH IN THIS COUNTRY AND ABROAD HAS LED ME TO THE CONCLUSION THAT THIS STATE IS IN DESPERATE NEED OF MUCH MORE EXTENSIVE MIDWIFERY SERVICES. THE CRISIS IN ACCESS TO MATERNITY CARE WHICH WE FACE TODAY IN MONTANA DEMANDS A SOLUTION AND IT IS TIME FOR ALL OF US, REGARDLESS OF PROFESSIONAL TURF OR INDIVIDUAL BIASIS TO WORK TOGETHER TO FIND SOLUTIONS TO THE CRITICAL PROBLEM FACED BY PREGNANT WOMEN--THAT IS, LACK OF MATERNITY CARE PROVIDERS AND ADEQUATE MATERNITY SERVICES. BUT IN ADDITION TO NEEDING MIDWIFERY SERVICES AS A SOLUTION TO THE ACCESS CRISIS, I BELIEVE WE NEED MORE EXTENSIVE MIDWIFERY SERVICES FOR ANOTHER AND PERHAPS MORE IMPORTANT REASON--THAT IS TO REMIND ALL OF US OF THE FACT THAT PREGNANCY IS NOT A DISEASE, NOR IS CHILDBIRTH AN OPERATION.

EXHIBIT
DATE 2-6-89
HB 458

WHEN ONE STUDIES THE STATISTICS RELATED TO THE PRACTICE OF MIDWIFERY, IT BECOMES CLEAR THAT WHEREVER MIDWIVES HAVE GONE, WHETHER TO THE HILLS OF KENTUCKY, THE MISSIPPI VALLEY OR INNER CITY CHICAGO OR SEATTLE, THERE ARE IMMEDIATE REDUCTIONS IN INFANT AND MATERNAL MORTALITY AND MORBIDITY. IT IS WELL DOCUMENTED IN MEDICAL LITERATURE THAT COUNTRIES SUCH AS SWEDEN AND THE NETHERLANDS WHICH EXTENSIVELY USE MIDWIFERY SERVICES HAVE FAR LOWER INFANT MORTALITY RATES THAN DOES OUR COUNTRY WHICH STANDS AT #19 IN THE WORLD FOR INFANT MORTALITY. IN FACT A MAJOR REASON FOR THIS HIGH RATE OF DEATH IS THE EXCESSIVE DELIVERY OF LOW BIRTH WEIGHT INFANTS E.I. BABIES WEIGHING UNDER FIVE AND A HALF POUNDS. IT IS THIS GROUP OF INFANTS THAT ARE MOST LIKELY TO DIE IN THEIR FIRST YEAR OF LIFE OR TO NEED THE SERVICES OF A NEONATAL INTENSIVE CARE UNIT. WHAT IS INTERESTING ABOUT THIS IS THAT A RECENT REPORT FROM THE MONTANA STATE BUREAU OF VITAL STATISTICS ON THE DELIVERY OF LOW BIRTH WEIGHT BABIES IN MONTANA, STATED THAT THE THE RATE OF LOW BIRTH WEIGHT DELIVERIES WAS ACTUALLY DROPPING IN ONE GROUP OF PROVIDERS IN THIS STATE---THE MIDWIFERY GROUP.

WHAT IS IT THAT ACCOUNTS FOR THEIR SUCCESSES? PRIMARILY I BELIEVE IT IS THEIR UNDERLYING PHILOSOPHY THAT BIRTH IS A NORMAL PROCESS NOT A DISEASE, AND THAT WOMEN ARE CAPABLE OF GIVING BIRTH NATURALLY. THESE BELIEFS GUIDE THEIR NON-INTERVENTIONIST APPROACH TO CHILDBIRTH. MIDWIVES UNDERSTAND INTUITIVELY WHAT A NOTED DUTCH OBSTETRICIAN, G.J. KLOOSTERMAN, PROFESSOR OF OBSTETREICS AND GYNACOLOGY AT THE UNIVERSITY OF AMSTERDAM WROTE:

SPONTANEOUS LABOUR IN A NORMAL WOMAN IS AN EVENT, MARKED BY A NUMBER OF PROCESSES, SO COMPLICATED AND SO PERFECTLY ATTUNED TO EACH OTHER, THAT ANY INTERFERENCE WITH THEM WILL ONLY DISTRACT FROM THE OPTIMUM CHARACTER. THE ONLY THING REQUIRED OF THE BYSTANDERS UNDER THESE CIRCUMSTANCES IS THAT THEY SHOW RESPECT FOR THIS AWE-INSPIRING PROCESS BY COMPLYING WITH THE FIRST RULE OF MEDICINE; DO NOT HARM.

WHAT ELSE DOES MIDWIFERY HAVE TO OFFER TO WOMEN AND THEIR FAMILIES? AN IMPORTANT ELEMENT OF THEIR CARE IS THE RELATIONSHIP THEY DEVELOP WITH THE FAMILIES WITH WHOM THEY WORK, AND THE WAY IN WHICH THEY ASSIST FAMILIES TO TAKE RESPONSIBILITY AND CONTROL OVER THEIR OWN PREGNANCIES. EDUCATION ABOUT PREGNANCY, CHILDBIRTH AND NUTRITIONAL NEEDS IS ALSO AN IMPORTANT ELEMENT OF THEIR CARE. THEREFORE MIDWIVES SPEND MUCH TIME WITH WOMEN ANSWERING QUESTIONS AND PROVIDING INFORMATION ABOUT PREGNANCY, LABOR, DELIVERY AND THE CARE OF THE NEWBORN. THIS EDUCATION HAS ITS PAYOFF--WITH / HEALTHY WOMEN GIVING BIRTH TO HEALTHY INFANTS. NOT ONLY THAT, THE CARE GIVEN BY MIDWIVES COSTS LESS BECAUSE IT DOES NOT RELY TO A GREAT EXTENT ON HIGH COST TECHNOLOGY.

MANY WOMEN FIND IT EASIER TO RELATE MIDWIVES THAN THEY DO TO PHYSICIANS. THE NATIONAL INSTITUTE OF MEDICINE STUDY ON PREVENTING LOW BIRTH WEIGHT SAYS THIS IS PARTICULARLY TRUE OF LOW INCOME WOMEN AND TEENAGERS. HOWEVER, IT IS INTERESTING TO NOTE THE IT IS WOMEN OF HIGHER SOCIOECONOMIC STATUS AND EDUCATION WHO

ACTIVELY SEEK OUT MIDWIVES FOR CARE.

IN SHORT, MIDWIVES RESTORE TO WOMEN CONFIDENCE IN THEIR ABILITY TO GIVE BIRTH TO THEIR BABIES. WITH A CESARIAN SECTION RATE WHICH HAS RISEN FROM 5% IN 1970 TO ALMOST 27% IN 1989, THIS CONFIDENCE HAS BEEN SERIOUSLY ERODED.

INDEED, THE FACT THAT ONE OUT OF FOUR AMERICAN WOMEN ENDS UP HAVING A CESARIAN SECTION WHEN GIVING BIRTH IS A MAJOR REASON WHY INCREASING NUMBERS OF WOMEN ARE SEEKING SAFE ALTERNATIVES TO HOSPITAL BIRTHS AND WHY INCREASING NUMBERS WOMEN IN THIS STATE WILL CONTINUE TO HAVE BIRTHS AT HOME, WHETHER OR NOT THIS LEGISTLATION IS PASSED.

THERE ARE OTHER REASONS OF COURSE FOR SEEKING MIDWIFERY SERVICES. MATERNITY CARE IS EXPENSIVE. A STUDY DONE BY GOLD AND KENNEY IN 1985 ESTIMATED THE COST FOR A NORMAL DELIVERY TO BE MORE THAN $3,200 AND THE COST OF A CESAREAN DELIVERY TO BE $5,000. UNDOUBTEDLY THESE COSTS ARE HIGHER TODAY. WHILE MANY FAMILIES ARE ABLE TO DEFRAY THESE EXPENSES THROUGH HEALTH INSURANCE OR THROUGH PUBLIC HEALTH PROGRAMS, NOT ALL PREGNANT WOMEN HAVE ACCESS TO EITHER OF THESE RESOURCES. IN 1985, 9.5 MILLION WOMEN OF CHILDBEARING AGE HAD NO HEALTH INSURANCE. THE NUMBER IS HIGHER TODAY.

FOR THE PAST TWO AND A HALF YEARS I HAVE BEEN A CONSULTANT TO A PUBLIC HEALTH PROGRAM IN MISSOULA WHICH ASSISTS LOW-INCOME PREGNANT WOMEN IN GAINING EARLY ACCESS TO PRENATAL CARE. THIS SUMMER I COMPLETED AN EVALUATION STUDY OF THIS PROGRAM, AND AM CURRENTLY IN THE PROCESS OF DOING ANOTHER STUDY INTERVIEWING LOW-INCOME WOMEN ABOUT WHAT THEY SEE AS BARRIERS TO RECEIVING MATERNITY CARE. ONE OF THE SERRENDIPITOUS FINDINGS FROM STUDIES WAS THAT IN A SUBGROUP OF TWENTY WOMEN WHO DID NOT QUALIFY FOR THE LOW-INCOME PROGRAM, A QUARTER OF THEM, WHEN ASKED WHAT THEY WOULD DO ABOUT GETTING PRENATAL CARE, SAID THAT THEY WOULD SEEK THE SERVICES OF A LOCAL MIDWIFE AND HAVE A HOME BIRTH BECAUSE THEY COULDN'T AFFORD PHYSICIAN AND HOSPITAL CARE.

BUT WHAT ABOUT SAFETY? I WOULD IMAGINE THAT THIS IS THE CENTRAL ISSUE CONCERNING YOUR COMMITTEE, AND I WOULD IMAGINE THAT SOME OF THOSE WHO OPPOSE MIDWIFERY ARE GOING TO TELL YOU THAT PARENTS WHO CHOOSE THIS FORM OF BIRTH EXPERIENCE EITHER DO NOT UNDERSTAND THE RISKS THEY ARE TAKING OR WORSE ARE DELIBERATELY ENDANGERING THEIR UNBORN CHILD. WHEN I FIRST BEGAN EXPLORING THIS ISSUE, I DID SO FROM A POINT OF VIEW SIMILAR TO THIS. ALL THE CATASTROPHIC EVENTS THAT COULD OCCUR AT A BIRTH A HOME WERE CLEARLY PRESENT IN MY MIND AS I BEGAN READING THE LITERATURE AND TALKING WITH PEOPLE ABOUT THEIR EXPERIENCES.

LITTLE BY LITTLE MY POSITION CHANGED AS I FOUND THAT THE LITERATURE DID NOT SUPPORT THE NOTION THAT HOSPITAL BIRTHS WERE NECESSARILY SAFER THAN BIRTHS AT HOME. IN FACT MUCH OF THE LITERATURE SUPPORTED THE OPPOSITE CONCLUSION PARTICULARLY IF THE HOME BIRTHS WERE PLANNED, THE WOMEN WERE LOW RISK AND WERE

ATTENDED BY MIDWIVES.

I WAS PARTICULALY IMPRESSED WITH FINDINGS OF TWO STUDIES CONDUCTED BY LEWIS MEHL,A PHYSICIAN AND FORMER DIRECTOR OF THE CENTER FOR RESEARCH ON BIRTH AND HUMAN DEVELOPMENT AT BERKELEY, CALIFORNIA, REPORTED IN TWO MEDICAL JOURNALS. IN HIS WELL CONTROLLED COMPARATIVE STUDY OF 1146 PLANNED MIDWIFE ATTENDED HOME BIRTHS AND 1146 PLANNED PHYSICIAN ATTENDED HOSPITAL BIRTHS, MEHL ET AL FOUND THERE WERE NO SIGNIFICANT DIFFERENCES IN BIRTHWEIGHT, PERINATAL MORTALITY OR OTHER COMPLICATIONS. HOWEVER IN THE HOSPITAL, THE FETUS HAD A SIX TIMES GREATER INCIDENCE OF DISTRESS IN LABOR, BABIES WERE CAUGHT IN THE BIRTH CANAL 8 TIMES MORE FREQUENTLY, AND MOTHERS WERE 3 TIMES MORE LIKELY TO HEMORRGHAGE IN THE HOSPITAL THAN IN THE HOME. fURTHERMORE, 4 TIMES AS MANY BABIES IN THE HOSPITAL NEEDED RESUSCITATION, INFECTION RATES WERE 4 TIME HIGHER , AND CHANCES OF PERMANENT INJURY AT BIRTH WERE OVER 30 TIME GREATER IN THE HOSPITAL .

OTHER STUDIES HAVE YIELDED SIMILAR RESULTS. MEHL COMPLETED ANOTHER COMPREHENSIVE STUDY ADDRESSING THE QUESTION AS TO EXACTLY WHAT HOSPITAL PROCEDURES POSED THESE HAZARDS. THE ANSWER WAS THAT THERE WERE FOUR MAJOR HOSPITAL PROCEDURES ACCOUNTING FOR THE HIGHER INCIDENCE OF DAMAGED BABIES.; STIMULATING DRUGS TO SPEED UP LABOR (PITOCIN); PAIN RELIEVING DRUGS; FORCEPS, AND BREAKING THE BAG OF WATERS.

THIS OF COURSE IS NOT TO SAY THAT MIDWIVE ATTENDED HOME BIRTH IS SAFE FOR ALL WOMEN, OR THAT CATASTROPHIC EVENTS CANNOT OCCUR IN THE HOME. BABIES DO DIE, AND WOMEN CAN HAVE SUDDEN COMPLICATIONS. THERE ARE WOMEN WHO ARE AT HIGH RISK FOR POOR PREGNANCY OUTCOMES AND THESE WOMEN SHOULD BE DELIVERED IN THE HOSPITAL BY PHYSICIANS, AS SHOULD WOMEN WHO ARE NOT COMFORTABLE WITH THE IDEA OF A MIDWIFERY OR . HOME BIRTH. BUT WE NEED TO REMEMBER THAT CATASTROPHIC EVENTS HAPPEN IN THE HOSPITAL AS WELL AS AT HOME AND WE ARE NOT ABLE TO SAVE ALL BABIES AND ALL MOTHERS. IN LIFE AND IN DEATH THERE ARE NO GUARANTEES. THE FAMILIES THAT CHOOSE HOME BIRTH AND THE MIDWIVES THAT SERVE THEM KNOW THIS. THEY VIEW THE RISKS A HOME TO BE LESS HAZARDOUS THAN THE RISKS IN THE HOSPITAL.

YOUR JOB AS A COMMITTEE IS TO MAKE A RECOMMENDATION AS TO WHETHER MIDWIFERY SHOULD BE EXEMPTED FROM THE MEDICAL PRACTICE ACT. I VERY STRONGLY BELIEVE THAT IT SHOULD BE. NOT TO DO SO WILL AT BEST PUSH IT UNDERGROUND, AND A WORST RESULT IN WOMEN HAVING UNATTENDED HOME BIRTHS, A SITUATION WHICH IS CLEARLY NOT SAFE FOR PREGNANT WOMEN. IF AS IS THE CASE IN EVERY STATE IN THE UNION IT IS NOT ILLEGAL TO GIVE BIRTH AT HOME, PARENTS SHOULD HAVE THE RIGHT TO HAVE SKILLED BIRTH ATTENDENTS. IN A STATE SUCH AS MONTANA WITH ITS VAST DISTANCES, AND POOR ACCESS TO HEALTH CARE SERVICES, WOMEN WILL, BOTH BY CHOICE AND BY NECESSITY, CONTINUE TO GIVE BIRTH AT HOME. PLEASE TO NOT MAKE IT A CRIME FOR MIDWIVES TO ATTEND THOSE BIRTHS.

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TEW, MARJORIE. "WE HAVE THE TECHNOLOGY". NURSING TIMES. NOV. 20,1985. (MS. TEW CONCLUDES AFTER COMPREHENSIVE STUDIES OF STATISTICAL INFORMATION REGARDING HOME AND HOSPITAL BIRTHS THAT BIRTH IS THE SAFEST WHEN INTERVENTION IS THE LEAST.)

Office Memorandum

STATE DEPARTMENT OF HEALTH
AND ENVIRONMENTAL SCIENCES

May 27, 1988

TO : Dr. Espelin

FROM: Sam Sperry

SUBJ: Montana Resident Live Births And Infant Deaths By Attendant At Birth: 1980-1986

For the attached tables and graphs: Physician indicates delivery with a physician in attendance regardless of the place of delivery.
Midwife indicates delivery with a person in attendance who used the title CNM or NMW or "midwife" or "mid-husband", regardless of the place of delivery.
Other indicates delivery with a person in attendance who did not use a title. These births typically occur at a residence. We believe that these births are attended by "lay" midwives who have the father or some other family member sign the certificate as certifier and attendant.

A. During 1980-1986, 96 % of Montana's resident births were attended by physicians with the delivery occurring in hospital.

There is, however, a definite trend toward midwife-attended deliveries occurring out of hospitals. In 1980, 91 % of these births were in hospital and in 1986 the figure had dropped to 72 %.

B. Of 862 resident infant deaths in Montana during 1980-1985:

97 % were attended by physicians at birth.
1 % were attended by midmives at birth.
2 % were attended by others at birth.

These percents are the same for births not resulting in infant death.

C. Of 862 resident infant deaths in Montana during 1980-1985:

46 % were delivered LBW.

Of these 46 %:

97 % were attended by physicians at birth.
1 % were attended by midwives at birth (actually 0.3 %).
2 % were attended by others at birth.

D: Reference attached graphs:

Page 1. A definite downward trend in percent of LBW births for midwife-attended deliveries.

The apparent increase in this percent for other-attended deliveries since 1984 may be due to small numbers.

Page 2. The percents on page 1 are indexed at 1980 on this graph. It is evident that midwife-attended deliveries are experiencing much more rapid improvement with respect to LBW births than either of the other two categories of attendants.

Page 3. There is a slight, visual hint in this graph that mothers experiencing LBW births are seeking prenatal care a bit farther into pregnancy than those experiencing normal-weight births.

Pages 4-6. These are percent distributions for the month prenatal care began by attendant category. Midwife-attended deliveries appear to exhibit the same experience as physician-attended deliveries. The relatively high percents of "no care" and "unknown month" for other-attended deliveries may reflect poor reporting.

Pages 7-9. These are percent distributions of total number of prenatal visits by attendant. Midwife and physician experiences appear identical.

E: Conclusions:

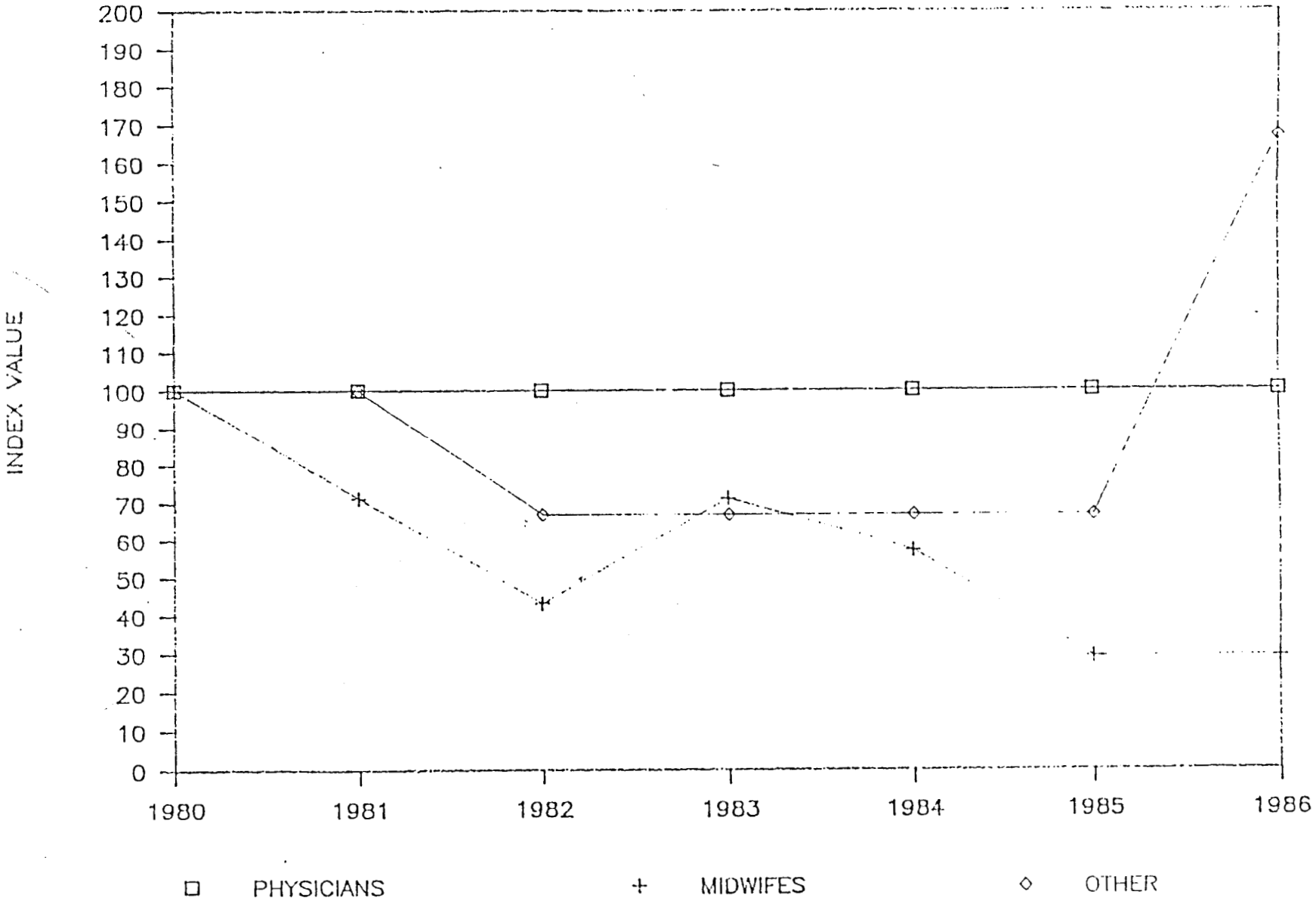
On the basis of this relatively superficial look at the data, we see no evidence that midwives are associated with infant death or LBW births to any degree different from physicians, with the possible exception noted for Page 1 and Page 2 under D, above.

F: Recommendation:

Part of the difficulty we are experiencing in detecting differences in attendant-related births as they affect LBW and infant death lies in our not knowing what to look for. I believe that it would be of great benefit to both our bureaus if we could schedule a few sessions over the next month or so in which you would provide me and my statistical staff with some medical instruction regarding the perinatal period and, perhaps, the months preceding this period. I would appreciate your serious consideration of this. We can certainly use your help.

LOW BIRTH WEIGHT INDEX BY ATTENDANT

MONTANA RESIDENT LIVE BIRTHS :1980–1986



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JAMES A. HAYNES
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February 6, 1989

House Human Services and Safety Committee

RE: Montana Midwifery Association Bill, H.B. 458

In support of:

My family supports H.B. 458.

We have two children who were born at home with the assistance of a lay or non-licenced midwife. These home birth experiences were most important to my family. The choice to have this experience is ours alone, we feel, both from a personal and economic standpoint. We chose the midwife after careful consideration, she did not choose or solicit us.

Please avoid the tempting "what if something went wrong" syndrome and support H.B. 458. This bill will allow us to continue to legally make choices about the most important event in our family life; the birth of our children at home.

Very Truly Yours

J. A. Haynes

EXHIBIT 3
DATE 2-6-89
HB 458

TESTIMONY GIVEN BEFORE THE HUMAN SERVICES COMMITTEE

MONTANA STATE HOUSE OF REPRESENTATIVES

FEBRUARY 6, 1989

I am R.D. Marks, a family practitioner from Missoula, and I am testifying on behalf of myself, the Montana Medical Association, and the Montana Academy of Family Practice in oppostion to House Bill 458.

This bill represents idealism without realism or responsibility. It is very important that the realistic picture be seen and for the members of this committee and for the legislature, in general, to know what will be the effects of this legislation.

Certainly as Americans, particularly as Montanans, we all see ourselves as having the right to do as we please within the confines of the law. Usually the law limits our rights in areas where our activities may endanger or impinge upon the rights of others. However, it is important to note that Congress and the legislature in the past enacted laws that limit our rights to protect us from ourselves and our own misjudgement. We are all now required to wear orange while we are hunting and seat belts while we are driving. To assume, as this bill suggests, that our rights to birth where and with whom we please is exempt from this sort of legislative review is incorrect. Certainly. if the legislature sees the public good better served by limiting this right, they certainly have the authority to do so. It is my argument that the past legislatures in their wisdom have intentionally kept lay-midwifery as a non-legal entity and in violation of the medical practice act.

EXHIBIT 4
DATE 2-6-89
HB 458

"Direct-entry midwifery" in this legislation has no definition, and this bill certainly places no limitations on what a "direct-entry midwife" can do in terms of prenatal care, delivery, or postpartum care. This basically exempts "direct-entry midwives" from the medical practice act and in so doing gives them the authority to practice without regulation, without proof of education, ability, or training. Under this act, a "direct-entry midwife" would not even have to meet the "see one, do one, teach one" criteria.

Pregnancy and birthing is generally a very smooth progression of a very complicated physiologic, anatomic, and emotional events. As with any complex process, problems can arise. In pregnancy, these problems can be as minor as skin rashes or headaches or as major as toxemia, severe hypertension, or the often fatal uterine rupture and amniotic fluid embolism. Certainly, all of us who have spent years of our lives studying fertility, embryology, pregnancy, parturition and it aberrancies and idiosyncrasies view this process as a miracle. It is a miracle that it so often turns out right. While we appreciate the miracle that it is, we appreciate more the potential for sudden unpredictable, disastrous interruptions in this miraculous process. The practice of obstetrics is often seen as a practice in which there are long periods of routine calm interrupted by moments of sheer terror.

Because obstetrics is very complicated, technical, and risky, those involved with the profession have recognized the need for education and training. As such, nurse midwives are required to have 1-2 years of intensive training beyond their nursing degree. All M.D.s and osteopaths have obstetrics as part of the core curriculum of medical school which comes after four years of undergraduate training. Family practitioners do 6-12 months of further obstetric training in their residency, and obstetricians have 3-4 years of training beyond medical

school. Perinatologists, the real pregnancy experts, has 6-8 years of training beyond medical school. This represents for them four years of undergraduate training, four years of medical school, four years of obstetric training, and finally 2-4 more years of a perinatal fellowship. It is hard for me to believe that anyone can be really qualified to perform obstetrics after merely watching and participating in a few births.

This legislation is proposing that we give the supervision of pregnancy and birthing to "direct-entry midwives" who have little or no training. Lay midwives will have to show no credentials as part of their abilities. All they will need to do is to hold themselves out to the public as an authority as someone who has the necessary skills to deliver babies. It is uncomprehendable how the legislature and its regulator agencies require proof of training, certification, and licensure examinations for surveyors, boiler operators, beauticians, guides and outfitters, and truck drivers while under this legislation will require no such criteria for anyone who perceives him-or herself as skilled or qualified to deliver babies at home--which in itself is a risky proposition.

You may have or will hear much emotional testimony from members of the lay public regarding how good an experience they had with their lay midwife and how qualified she was and how good a job she did. Let me remind the members of this committee that good outcome does not necessarily indicate good quality or training. While I appreciate how these people feel towards their midwife and their home birthing experience, the lay people have no criteria or knowledge to judge the qualification of their midwife. For the most part, if their midwife. For the most part, if the midwife is personable, and the parents like her, and the outcome is good, they then see her as qualified. It becomes an emotional

judgement rather than a reason judgement. I believe the parents and babies of Montana deserve more than that.

Because "direct-entry midwives" are not able to get hospital privileges, this legislation, in effect, gives approval of home deliveries--a practice that everyone will agree has a very real increased risk.

The arguments that we hear in this regard is that if there is a problem we can go to the hospital, or the risk is acceptable to us as parents, or hospital care is too expensive.

Many complications of a delivery occurring at home are not emergent in nature and do allow time for transport to the hospital. However, many obstetric emergencies don't allow time for transport and need immediate intervention to save the life of the mother or baby or both. All of us in the profession have seen many such emergencies, and they occur with alarming frequency. Placental abruption, placenta previa, uterine rupture, severe fetal distress, and fetal asphaxia are just a few of the fairly common sudden emergencies. All of these are life threatening to mother and baby or both. All require immediate interventior available only at hospitals to prevent death or morbidity. In my personal experience of having attended about 500 deliveries, I can recall five instances in which a normal routine delivery had a sudden complication, and we had less than five minutes to act to prevent death. That to me is an alarming frequency.

Is that risk acceptable to the parents, or do parents really have the right to judge it as acceptable? Certainly as adults we are allowed to expose ourselves to certain risks (except the risk of driving without a seat belt or not wearing orange during hunting season), but society has spoken quite loudly that we

cannot expose our children to unnecessary risks. Our child protective services intervene for risks to children far less severe than this 1%-2% risk of morbidity and mortality that is associated with home birth. From a humanitarian and medical viewpoint, that risk is too high, and certainly, for the legislature to condone such a risk to the lives of children who have no say in the matter is unconsciable and unresponsible.

As for the argument that hospitals are too expensive, I ask you what a healthy living baby is worth? Most hospitals doing obstetrics have reduced charges for people who deliver and are discharged early. These charges are usually in the range of $700-$900. Is that too much? Certainly, those mothers who have lived and had babies who lived because they were in the hospital consider it dollars well spent.

In Missoula this past summer, we had an attempted home birth in which a prolapsed cord occurred, and the baby died before it was recognized and treated. This was an occurrence, which had it occurred in the hospital, would have been quickly diagnosed and probably resulted in a live healthy baby. What price will these parents pay forever in living with those memories?

Are the potential costs of home birthing acceptable to society? Consider for example the cost of severe cerebral palsy that may occur because resuscitation equipment is not available to treat an asphaxiated infant. The cost of the care of these children is astromonical and most often borne by the state welfare system. Can society accept these costs?

The members of this committee I am sure are painfully aware of the loss of obstetrical services in large areas of the state. Proponents of lay midwifery

and home births say that this legislation addresses this shortage of services. The present problem is here today because of the high cost of bad outcome of a high-risk profession. That is all part of a normal obstetric practice. It takes then a very skewed logic to propose a solution which guarantees higher risk and an increased level of morbidity and mortality.

The state of Oregon has a very non-restrictive law regarding who can deliver babies. Basically, the law is the same as what is proposed here--a mother can choose anyone she wants to deliver her baby--. The Oregon State Health Division conducted a study because there was a perceived increase in home birth related deaths. In the five year study, ending in 1981, they found that there was an unexpected large number of babies who died unnecessarily. As a result, a task force was formed to develop guidelines for the practice for out-of-hospital births, and may I emphasize that this was a task force made up of lay midwives, naturopaths, chiropractors, nurses, nurse midwives, osteopaths, M.D.s, and the lay public. The guidelines developed proposed requirements for licensure/certification, provider training, continuing education, and staffing necessary for home birthing. They went on further to develop a list of routines and standards for home births, part of which was a list of absolute and relative contraindications to home births. Finally, they established criteria for equipment which should be present in all deliveries and guidelines for quality assurance. I have distributed copies of this report to members of the committee.

It is important for this committee to recognize that lay midwifery is currently quite widely practiced in Montana. Probably 150-200 deliveries per year are at home. These midwives are for the most part very caring, concerned individuals.

They, however, seem not to recognize their limits as directed by their training or by the medical practice act. In a recent trial in Missoula regarding the practice of lay midwifery, Judge John Hanson, in his restraining injunction against the midwife involved, stated unequivocally that the administration of drugs, artificial rupture of membranes, the diagnosis and treating of conditions of pregnancy, the cutting of episiotomies, and suturing of tears was the practice of medicine without a license.

In conclusion, as a member of the medical profession, I oppose any activity, such as home birth, which increases morbidity and mortality. I realize that the ivory tower mentality of mine and the medical profession, in general, may not be consistent with the philosophy of the legislature and general public. I believe, however, that if the legislature really believes that lay midwifery and home birthing are choices which should be available to Montanans, then the members of this committee and the legislature, in general, need to take some responsibility to assure that some standards are set and to establish some means to monitor the compliance with those standards. The proposed legislation is not well thought out and does not serve the public's interest. The question of home births and lay midwifery is a complicated, controversial issue--the solution of which requires more than a simple one line statutory change. I encourage this committee to give House Bill 458 a recommendation of <u>DO NOT PASS</u>.

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Grant M. Winn, EXECUTIVE DIRECTOR

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February 6, 1989

The Honorable Budd Gould
House of Representatives
Helena, MT 59601

Dear Mr. Gould:

I am opposed to House Bill 458 in its present form. As described in this bill legalizing lay or direct-entry midwives leaves it entirely up to the discretion of the individual as to his/her qualifications. Unlike others exempted from the Medical Practice Act, they have no structured course of instruction, standards of care, certification or licensure requirements. There is no guarantee that these will be attained.

Ninety-eight percent of births in Montana occur in a hospital. Concurrent with the shift from home to hospital birth over the last fifty years has been the impressive drop in maternal mortality. In 1987 there was one maternal death compared to twenty in 1950. Neonatal mortality, (death of infants under 28 days of life) has declined to 4.6%. This is well below the national figures and would indicate that those professionals delivering babies in Montana are performing well.

Dr. F. G. Hofmeister, former president of the American College of Obstetricians and Gynecologists, and a leading advocate for maternal safety in childbirth has stated, .." the normality of obstetrics is its most dangerous feature... in a single short moment the anticipated great joy associated with an uncomplicated, spontaneous labor and birth can become a catastrophe..."

In our quest for improved maternal and infant outcome, we should realize that "high risk" may not be recognized even during provision of good prenatal care. The outcome of delivery varies with both the place and circumstance of delivery. In hospital versus out-of-hospital does <u>not</u> suffice to describe risks. Less prenatal care and not having a trained birth attendant at delivery predispose infants to high neonatal mortality. One cannot refute the affect of good prenatal and delivery care given so far by certified nurses and physician providers.

Women in rural areas are expressing concern about care during pregnancy and birth. Expanding the utilization of facilities and individuals already prescribed by law can help alleviate the situation: i.e. public health clinics, nurse practitioners and nurse midwives.

Childbirth is one of the greatest and most overwhelming events that a woman may experience in her lifetime. It influences our lives, bringing to a family the joy, sadness, pride, anger and frustration many of us are privileged to remember. Legalizing lay midwives under this bill will not assure the public safety. It has no requirements for standard of care, licensure, certification or education.

Dismissing all the special interest groups for the moment, the bottom line is a healthy baby and a healthy mother. That constitutes a good family experience in the end.

Thank you for your consideration and attention.

Sincerely,

Marietta Cross RN

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MATERNAL & CHILD HEALTH: 1988

A TASK FORCE REPORT ON GUIDELINES FOR OUT-OF-HOSPITAL BIRTHS

HEALTH DIVISION
OREGON DEPARTMENT OF HUMAN RESOURCES
1400 S.W. 5th Avenue
Portland, OR 97201

A TASK FORCE REPORT ON GUIDELINES FOR OUT-OF-HOSPITAL BIRTHS

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Acknowledgements

Guidelines for
Out-of-Hospital Births

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These guidelines are intended to define some parameters of safe out-of-hospital birth care. They can in no way be totally comprehensive or take the place of the judgement of the individual out-of-hospital birth practitioner. The out-of-hospital birth practitioner and the consumers choosing out-of-hospital care must ultimately take responsibility for the decisions that they make.

IV RISK ASSESSMENT 13

Antepartum 14
Intrapartum 16
Postpartum 16
Infant 17

V SPECIFIC GUIDELINES 18

Referral, Transfer
and Transport Capability 18
Equipment/Care of Equipment 18
Facility Standards 18
Home Delivery 18
Birth Center Delivery 19

VI QUALITY ASSURANCE 19

Medical Records 19
Mechanism for Review 20
Statistics 21
Informed Consent 21

SUMMARY 22

REFERENCES 23

INTRODUCTION

Until about 1940, the majority of babies in the United States were born at home. From 1940 to 1970, there was a dramatic decline in the proportion of births delivered outside of the hospital--from 44.2% to 0.6%. There has been a small rise in out-of-hospital birth from 1970 onward, but the nationwide proportion has not risen above one percent (Pearse, 1982; U. S. Department of Health and Human Services, 1984).

Locally, the rate of out-of-hospital birth is reported higher. In Oregon, growth in the out-of-hospital birth rate began in the late 1960's and has "accelerated rapidly since" (Oregon Medical Association, 1984). During 1981 and 1982, Oregon demonstrated increases in the out-of-hospital birth rate that far surpassed the national trend (Anderson et al., 1984). At 4.3% in 1985, Oregon reported the highest percentage of out-of-hospital birth nationwide (Oregon State Health Division, Center for Health Statistics, September, 1987). In 1986, 3.8% of births were out-of-hospital (Oregon State Health Division, Center for Health Statistics, 1986).

Several factors probably account for Oregon's high out-of-hospital birth rate. Certainly the less restrictive nature of Oregon's statutes with regard to childbirth is an important contributor. In Oregon, any person may attend a woman during childbirth. The only restriction is that, unless the person is licensed to do so, medications may not be administered and episiotomies may not be performed. Births in Oregon are attended by medical doctors, certified nurse midwives, naturopaths, chiropractors, nurses, lay midwives, relatives and friends.

A review of out-of-hospital births in Oregon from 1975-1979 revealed a

potential excess in mortality. In order to attempt to identify factors amenable to public health intervention, the Oregon Public Health Association and Oregon State Health Division published a report entitled "Out-of-Hospital Births in Oregon" (Anderson, et al., 1984). A panel of experts reviewed birth and death records from 1979 to 1981. This panel was comprised of representatives from all of the major provider groups. The report summarized that:

> The study population contained an unexpectedly large number of mature, high birthweight (2500 grams or more) non-anomalous infants who should not have died...The Panel also found that certain individiuals had a poorer opportunity for a positive outcome when delivered outside an adequately equipped and staffed hospital due to their obstetric risk status. For example, cases of diagnosed breeches, large for gestational age infants, post-mature infants and infants with meconium stained amniotic fluid fell in this category (p. 8).

Furthermore, it was stated that 85% of out-of-hospital births are attributable to a defined group of providers, and that quality of care could be affected by addressing activities toward these individuals. The development of standards of practice for these out-of-hospital maternity care providers was one of this study group's concluding recommendations.

In May of 1985, The Oregon State Health Division invited representatives from the major out-of-hospital provider groups as well as several members-at-large (known for their expertise in issues involving maternity care) to comprise a Task Force. This Task Force was asked to respond to the aforementioned Oregon Public Health Association/Oregon State Health Division recommendation to develop guidelines for the practice of out-of-hospital birth. This Task Force met monthly through October, 1987, and has formulated the following suggestions to guide the practice of out-of-hospital birth in Oregon.

SECTION I

Scope of Service

When attending women during childbirth in an out-of-hospital setting, the out-of-hospital birth practitioner in Oregon (hereafter referred to as "the practitioner") should limit his/her scope of practice to care of the normal, healthy woman experiencing a normal pregnancy and labor. An uncomplicated birth and healthy neonate should be anticipated. Guidelines for such practice are outlined within this document.

SECTION II

Provider Requirements

Licensure/Certification

It is recommended that the professional organization of the practitioner implement written standards, peer review, continuing education, and the collection of statistics. Licensure or certification will be determined according to the requirements of each professional organization or applicable State law. Each practitioner should be accountable to a professional organization.

Provider Training

The training for an out-of-hospital birth practitioner should include theoretical preparation and the practice of clinical skills necessary for the management and care of normal women and newborns as well as for the prompt recognition of abnormalities that would indicate the need for consultation and/or referral. The following are suggested for inclusion within basic training. The depth of content in some instances will be determined by legal scope of practice.

Didactic Content[1]

A minimum of two-hundred hours of didactic content including the following is recommended:

Basic aseptic technique;
Basic adult and newborn physical assessment, including vital signs;
Basic adult and neonatal cardiopulmonary resuscitation;
Oregon State statutes pertinent to childbirth;
Special considerations for out-of-hospital delivery;

Antepartum
Female anatomy and physiology Anatomy and physiology of conception and pregnancy;
Preconceptional factors likely to influence pregnancy outcome;
Clinical application of genetics, embryology and fetal development;
Effects of pregnancy on the woman;
Etiology and management of common discomforts of pregnancy;
Parameters and methods for assessing the progress of pregnancy;
Parameters and methods for assessing fetal well-being;
Nutritional assessment of the maternal-fetal unit;
Environmental influences on the maternal-fetal unit;
Psychosocial, emotional and sexual changes during pregnancy;
Common screening/diagnostic tests used during pregnancy;
Indicators of risk in pregnancy and appropriate intervention;
Assessment of relevant historical data regarding the client and her family;
Assessment of physical status;
Assessment of the soft and bony structures of the pelvis;
Assessment of the emotional status of the client and the dynamics of her support system;
Diagnosis of pregnancy;
Nutritional counseling;
Counseling in the physical and emotional changes of pregnancy and preparation for birth, parenthood and changes in the family;
Planning for individual/family birth experiences;
Planning and implementation of individual and or group education;

Intrapartum
Normal labor process, including the mechanisms of labor and delivery;
Anatomy of the fetal skull and its critical landmarks;
Parameters and methods for assessing progress of labor and delivery;
Parameters and methods for assessing maternal and fetal status;
Common screening/diagnostic tests used during labor;
Emotional changes during labor and delivery;
Comfort and support measures used during labor and birth;

Didactic Content

Intrapartum (continued)

Anatomy, physiology and indicators of normal adaptation of newborn to extrauterine life;
Methods to facilitate newborn's adaptation to extrauterine life;
Indicators of deviations from normal and appropriate interventions;
Assessment of relevant historical data about clients;
Assessment of general physical and emotional status of clients;
Diagnosis and assessment of labor and its progress through the four stages;
Techniques for spontaneous vaginal delivery;
Techniques for spontaneous delivery of the placenta;
Techniques for the management of common obstetric emergencies;

Postpartum

Anatomy and physiology of the puerperium including the involutional process;
Anatomy and physiology of lactation and methods for its facilitation or suppression;
Parameters and methods for assessing the puerperium;
Etiology and methods for managing discomforts of the puerperium;
Emotional, psychosocial and sexual changes of the puerperium;
Establishment of maternal-infant-family bonds;
Common screening/diagnostic tests used during the puerperium;
Assessment of client's general physical and emotional status;
Nutritional needs during the puerperium;
Indicators of deviations from normal and appropriate interventions;
Appropriate anticipatory guidance regarding self-care, infant care, family planning, and family relationships;

Neonatal Care

Anatomy and physiology of continuing adaptation to extrauterine life and stabilization of the neonate;
Parameters and methods for assessing neonatal status;
Parameters and methods for assessing gestational age of the neonate;
Nutritional needs of the neonate;
Screening/diagnostic tests performed on the neonate;
Assessment of relevant historical data about maternal and neonatal course;
Indicators of deviations from normal and appropriate intervention;
Resuscitation and emergency care of the newborn.

[1] The didactic content are adapted from Core Competencies in Nurse-Midwifery by The American College of Nurse-Midwives, May, 1985, Washington D.C. Adapted by permission.

Written examinations designed to test knowledge of didactic content should be administered and scored by the practitioner's professional organization.

Clinical Experience

Clinical experience should include documentation of the following types and numbers of experiences. These experiences should be obtained while under supervision with mastery of these skills approved by the practitioner's professional oraganization.

The primary management of fifty (50) spontaneous vaginal births. (Some of these births must have taken place in an out-of-hospital birth setting);
Prenatal visits of at least fifteen (15) different women for a total of one-hundred (100) visits;
Thirty (30) newborn physical examinations;
Thirty (30) postpartum visits to mother and baby within thirty-six hours of delivery;
Observation of one complete series of prepared childbirth classes and one complete series of breast feeding preparation series.

Continuing Education

Continuing education is strongly recommended. Continuing education may be obtained through organized courses, conferences, or other mechanisms. During any year, the State Health Division may suggest specific topics for continuing education based upon any problem areas identified.

Staffing

Since any birth involves two clients potentially in need of simultaneous care, a second practitioner who has received the recommended training should be in attendance for all out-hospital births.

SECTION III

Routines and Standards

Antepartum Care

Orientation

With the initiation of prenatal care, practitioners should present to each client information about their practice. This orientation might include: their experience and training, protocols and standards, professional affiliation, emergency back-up arrangements, how to obtain twenty-four hour access to their services, explanation of financial arrangements, services they provide and the responsibilities of the pregnant woman and her family.

Initial Visits

In the first prenatal visits, the following history should be obtained: health, reproductive, family, social and current pregnancy. The practitioner will evaluate nutritional status, height, weight and blood pressure, uterine size relative to gestational age, and the size and shape of the bony pelvis. A comprehensive physical examination should be performed early during the course of prenatal care by the practitioner or another health care provider.

Laboratory Tests

Each woman should receive the following tests: hematocrit and/or hemoglobin, blood group and Rh type, antibody screen, syphilis screen, rubella titer, pap smear, urinalysis, and appropriate blood glucose screening. Additional tests may be indicated by history and physical exam or the initial laboratory data.

Prenatal Visits

Prenatal visits in an uncomplicated pregnancy should be every four weeks for the first 28 weeks, every two to three weeks until 36 weeks, and weekly thereafter. Each visit should include the interval history and physical examination, including blood pressure, weight, fundal height, fetal presentation, fetal heart rate, urinalysis for protein and glucose, and the mother's assessment of fetal activity. The practitioner should continuously evaluate the pregnancy for risks taking into consideration information derived from: physical examination, laboratory tests, maternal complaints, and the overall physical and emotional well-being of the mother. The family should be kept informed of these risks.

Education/Counseling/Anticipatory Guidance

The practitioner should offer information or referral to community resources on childbirth preparation, breastfeeding, exercise and nutrition, parenting, and care of the newborn. Birth attendants should inform pregnant women and their families about available obstetric and pediatric tests and procedures, such as: alpha fetoprotein (AFP) screening, chorionic villi sampling, amniocentesis, prenatal Rhogam, ultrasound, human immunodeficiency virus (HIV) testing, newborn metabolic screening, eye prophylaxis, neonatal vitamin K and circumcision.

Emergency Access

Each practitioner should provide a mechanism that ensures twenty-four hour coverage for his/her practice.

Intrapartum Care

Assessment During Labor

As part of the initial assessment of a woman in labor, the following should be checked: maternal temperature, blood pressure, pulse, urine (for glucose, protein, and ketones), frequency, duration and intensity of uterine contractions, the physical and emotional environment, fetal position and presentation, and fetal heart tones before, during, and after uterine contractions. All of the above factors are re-assessed throughout labor, with maternal temperature and blood pressure monitored at least every four hours, and fetal heart tones evaluated every 15 to 30 minutes during active labor and immediately after ruptured membranes. During the second stage of labor, fetal heart tones should be auscultated after each contraction or every five minutes.

Premature Rupture of Membranes at Term

When a client reports suspected rupture of membranes before the onset of labor at 37 weeks gestation or greater, timely evaluation should include obtaining a careful history, documentation of ruptured membranes, and ruling out infection and/or fetal distress. Clients should be instructed in measures to prevent and identify infection. It is recommended that practitioners specify additional protocols for the management of premature rupture of membranes at term.

Physiologic Care During Labor

The practitioner should make certain that the mother is receiving nourishing, easily digestible foods in early labor and adequate fluid intake later in labor. The woman should be encouraged to urinate every one

to two hours.

Postpartum Care

Postpartum Assessment and Care

The blood pressure, pulse, uterine fundus, and lochia should be checked every 15 minutes for the first hour after birth and thereafter until the woman's condition is stable. The perineum and vagina should be inspected for lacerations requiring repair. If the required repair does not fall within the scope of practice or expertise of the practitioner, arrangements should immediately be made for transfer or proper attendance.

Before the practitioner leaves or the family is discharged, the mother's general condition, blood pressure, pulse, temperature, fundus, lochia, and ability to ambulate and urinate should be assessed and found to be within normal limits. The practitioner or other qualified person should stay with the mother and infant until both are stable and secure and at least two hours have passed since the birth. The family should be instructed to make certain that someone is with the mother at all times during the first twenty four hours and that she receives support and care for at least the first few days.

Postpartum Instructions

The family should be provided with instructions that include: self and baby care and hygiene, signs of infection and methods for prevention (mother and infant), signs of illness in the newborn, normal infant feeding patterns, uterine massage and normal parameters of lochia, and safety in the home and car. Emotional needs, the changes in family dynamics, and the importance of rest, fluids, and good nutrition should be reviewed.

Further follow-up should be arranged and instructions for the reporting of problems or deviation from normal will be given. Parents will be encouraged to contact the practitioner for any questions or concerns.

Laboratory Studies/Medications

Rubella vaccine should be given to non-immune women postpartum. An Rh Immune Globulin workup should be done for Rh negative women, including cord blood. Unsensitized Rh negative women who have given birth to an Rh positive infant should be given Rh immune globulin (300 micrograms) intramuscularly within 72 hours post-birth.

Follow-up

Postpartum follow-up care should minimally include visits done 24-48 hours, the third day, 1-2 weeks, and 4-6 weeks post-birth. The practitioner should continue to monitor appropriate vital signs, and physical and social parameters including adequacy of support systems and signs of infection. Information should be provided regarding lactation, postpartum exercise, family planning, and community resources available.

Newborn Care

Newborn Assessment and Care

Newborn assessment should include the monitoring of temperature, pulse, and respirations each hour for the first two hours post-birth and thereafter until stable. A thorough physical exam should be done shortly after birth including assessment of length, weight, head circumference, fontanels, palate, heart, lungs, abdomen, genitalia, muscles and skeletal

system, back, buttocks, rectum, assessment of neurological status (including assessment for jitteriness or lethargy as well as the presence of normal newborn reflexes), and general appearance. A gestational age assessment should be done. The family should be informed of any deviation from normal.

The practitioner or other qualified person should stay with the family until a minimum of two hours post-birth have passed, all parameters of physical assessment are found to be within normal limits, and the infant has demonstrated normal suck and swallow reflexes.

Laboratory Studies/Medications/Birth Registration

Out-of-hospital births must adhere to state guidelines for the administration of Vitamin K and opthalmic prophylaxis. Cord blood for Type and Coomb's might be sent for infants whose mothers have Type O blood. Cord bilirubin levels should be determined on Direct Coomb's positive specimens. Infant metabolic screening should be according to OSHD recommendations. Additional laboratory studies may be warranted as determined by the infant's condition or pediatric consultation. All births must be registered with the Oregon State Health Division.

Prolonged Rupture of Membranes

If the birth has taken place more than twenty-four hours after rupture of membranes, additional observation and laboratory information is recommended. The baby should be observed closely for twenty-four hours by personnel trained in the monitoring of temperature, respirations, and assessment of peripheral circulation. It is recommended that specimens for culture be obtained from the baby's ear canal and gastric aspirate and that

a complete blood count (CBC) be obtained.

Follow-up

Within the first week, arrangements should be made with the parents for the provision of ongoing pediatric care. It is recommended that this follow-up care include visits done at 24-48 hours, 3 days, 1-2 weeks, and 4-6 weeks of age. This provider should continue to monitor appropriate vital signs, weight, length, head circumference, color, infant feeding, and sleep/wake and stool/void patterns. A complete physical examination should be repeated at each visit. Information should be provided about age-appropriate safety and developmental issues, vitamins/fluoride drops, immunization, circumcision, and community resources available.

SECTION IV

Risk Assessment

Risk assessment is separated into two categories, absolute and non-absolute. These different categories will be defined. "Absolute" risk means that clients presenting with these conditions or clinical situations are felt to be at extreme obstetrical or neonatal risk. These clients are not considered appropriate for out-of-hospital birth. Such clients should plan an in-hospital birth if risk factors are identified in the antepartum and transferred to in-hospital care if risk factors are identified in the intrapartum or postpartum. Certainly, if a risk factor first develops when birth is imminent, the individual practitioner must use his/her best judgement to determine what is safest for mother and baby.

"Non-absolute" risk includes situations that sometimes place a client at high obstetric or neonatal risk. Some of the factors to consider

regarding these non-absolute risk criteria would include the specific practitioner's experience and expertise, the particular birth setting, and the ease and time involved in accessing emergency transport/back-up systems. Furthermore, community standards of care for some of the items included within these categories may change frequently. In order to allow for the individualization of these situations, the non-absolute risk criteria do not automatically exclude a client from out-of-hospital birth. Instead, they require careful consideration. In some instances consultation is recommended. Whenever possible, consultation should be sought with State licensed physicians who have Obstetric and/or Pediatric hospital admission privileges. This consultation may be by telephone depending on the the clinical and geographic situation.

The following absolute and nonabsolute risk criteria do not negate additional standards set by various professional organizations.

Antepartum

Absolute Risk Criteria

Cardiac disease;
Renal disease - active or chronic;
Liver disease - active or chronic;
Active hyperthyroidism;
Active neoplasia;
Chronic obstructive pulmonary disease;
Asthma requiring medical supervision;
Psychotic disorders;
Essential chronic hypertension;
Pre-eclampsia/eclampsia;
Acute or chronic thrombophlebitis;
Hemoglobinopathies (excluding thalassemia);
Anemia (Hematocrit less than 30) at term;
Blood Coagulation Defect;
Infectious disease requiring medical supervision or isolation;
Current substance abuse;
Uterine anomaly;
Multiple gestation;
Malpresentation at start of labor;

Antepartum - Absolute Risk Criteria (continued)

Labor or Spontaneous Rupture of Membranes prior to 37 weeks gestation;
Abruptio placenta;
Placenta previa;
Previous Rh sensitization;
Rh negative blood with a positive antibody titer;
Positive antibody titer for factors known to cause hemolytic disease;
Polyhydramnios;
Fever (101 degrees Fahrenheit or above) at the onset of labor;
Fetuses with life-threatening congenital defects;
History of thromboembolism;
Previous uterine wall surgery;
Estimated fetal weight less than 2500 grams (5 pounds 8 ounces);
Seizure disorder;
Documented Intrauterine Growth Retardation;
History of previous uterine inversion;
Suspected ectopic pregnancy;
Suspected incomplete spontaneous abortion;
Pregnancy lasting longer than 42 weeks gestation;
Significant Glucose Intolerance (including glucose intolerance of pregnancy);
Estimated fetal weight greater than 4500 grams (9 pounds 15 ounces);
History of retained placenta (greater than 1 hour);
Rupture of membranes 24 hours before the onset of labor;

Non-Absolute Risk Criteria

Grandmultiparity;
Uncertain dates with no confirmation of gestation within the first trimester;
Family history of life-threatening congenital disorders;
Deep conization of cervix;
Suspected intrauterine growth retardation;
Significant 2nd or 3rd trimester bleeding;
Abnormal fetal cardiac rate or rhythm;
Disease requiring pharmacologic intervention;
Weight greater than 20% above ideal for height and body type;
Greater than 50 pound weight gain during current pregnancy;
Estimated fetal weight between 4000 grams and 4500 grams (greater than 8 pounds 13 ounces but less than 9 pounds 15 ounces);
Positive genital Herpes culture or symptomatic disease less than 14 days prior to the onset of labor;
History of postpartum hemorrhage (greater than 500cc);

Intrapartum

Absolute Risk Criteria

No prenatal care or unavailable prenatal records;
Prolapsed cord or cord presentation;
Abnormal bleeding;
Fever of 101 degrees Fahrenheit or above taken orally on two occasions two hours apart or any other evidence of active infectious process;
Development of pre-eclampsia (an increase in blood pressure greater than 30/15 from baseline or greater than 140/90 when taken on two occasions 30 minutes apart;
Meconium-stained amniotic fluid;
Evidence of fetal distress, abnormal fetal heart rate pattern or inability to auscultate fetal heart tones;
Failure to progress in the active phase of labor with the presence of strong contractions;
Failure to deliver within the expected time during the second stage of labor (Generally, 2 hours for primip; 1 hour for multip);
Fetal malpresentation;
Excessive vomiting, dehydration, acidosis or exhaustion;
Multiple gestation;
Oligohydramnios;
Active genital herpes lesion;

Non-absolute Risk Criteria

Suspected active genital herpes lesion;

Postpartum

Absolute Risk Criteria

Retained placenta (greater than 1 hour);
Incomplete placenta;
Major laceration requiring hospital repair;
Uncontrolled postpartum bleeding;
Painful hematoma;
Development of pre-eclampsia (an increase in blood pressure greater than 30/15 from baseline or greater than 140/90 when taken on two occasions 30 minutes apart;
Signs of shock;

Non-absolute Risk Criteria

Evidence of active infectious process;
Any condition requiring more than 12 hours of postpartum observation;

Infant

Absolute Risk Criteria

Apgar less than 7 at 10 minutes of age;
Signs of prematurity;
Respiratory rate greater than 60 accompanied by any of the following: nasal flaring, grunting, or retraction lasting greater than 1 hour;
Cardiac irregularities, heart rate less than 80 or greater than 160 (at rest), heart murmur(s), or any other abnormal or questionable cardiac findings;
Seizures;
Temperature less than 97 degrees Fahrenheit or greater than 100 degree Fahrenheit when taken rectally or any other evidence of infectious process;
Major congenital anomaly;
Apnea or central cyanosis;
Large or distended abdomen;
Decreased peripheral perfusion (greater than 3 second capillary refill);
Any infant that has required intubation;
Any infant where meconium has been visualized at the level of the cords;
Any condition requiring more than 12 hours of observation post-birth (This does not include the previously mentioned 24-hour observation recommended for infants born after 24 hours of ruptured membranes);

Non-absolute Risk Criteria

Apgar less than 7 at 5 minutes;
Weight less than 2500 grams (5 lbs. 8 oz.) or greater than 4500 grams (9 pounds 15 ounces);
Gestational age assessment less than 37 weeks;
Poor suck, hypotonia a weak or high-pitched cry;
Jitteriness;
Failure to void or stool withing 24 hours from birth;
Maternal substance abuse identified intrapartum or postpartum;
Projectile vomiting or emesis of fresh blood;
Excessive pallor, ruddiness, or jaundice;
Any generalized rash at birth;
Birth injury such as facial or brachial palsy, suspected fracture or severe bruising);
Blood glucose less than 40;
Weight decrease in excess of 10% of birth weight;
Maternal-Infant interaction problem(s);
Direct Coomb's positive cord blood with bilirubin level greater than 3.5 milligrams;
Birth occurring greater than 24 hours after rupture of membranes

SECTION V

Specific Guidelines

Referral, Transfer and Transport Capability

The practitioner must maintain and document a plan for referral, transfer, and emergency transport.

Equipment/Care of Equipment

The practitioner should provide equipment necessary to monitor the health status and provide emergency care to the mother, fetus, and newborn within the limits of the practitioner's scope of practice. Equipment must be periodically inspected and found to be in working order. Methods to assure the sterility or cleanliness of equipment should be implemented.

Facility Standards

Home Delivery

Each family should have all necessary supplies at least three weeks before the due date. The following information should be posted at the phone: address and phone number of the nearest hospital, phone number of ambulance, route to the hospital, the family's address, and clear directions to their house.

At least one prenatal visit should be done at the intended place of birth. Each house should be checked for adequate light, heat, water and cleanliness. If there is no phone, arrangements must be made for immediate telephone access or emergency communication. The family should be instructed to correct problems or deficiencies. If the family is unwilling or unable to provide an adequate sanitary environment for home birth, the practitioner should support a hospital or birthing center delivery.

Birth Center Delivery

A free-standing birth center should meet the facility requirements of the State of Oregon.

SECTION VI

Quality Assurance

Medical Records[2]

Client records should be maintained in a format designed to provide continuity and documentation of legible, uniform, complete, and accurate maternal and newborn information readily accessible and containing information both necessary and helpful in the event of transer to in-hospital care. Confidentiality must be maintained. It is recommended that the medical record on each client include documentation of:

Demographic information and client identification;
Documentation of client orientation and informed consent;
Complete social, family, medical, reproductive, and nutritional histories;
Initial physical examination, laboratory tests and evaluation of risk status;
Development of a plan for care (including appropriate referral of ineligible clients) and payment for services;
Periodic prenatal examination and evaluation of risk factors;
Instruction and education including nutritional counseling, changes in pregnancy, self-care in pregnancy, understanding of findings on examinations and laboratory tests, preparation for labor, sibling preparation (if applicable), and newborn assessment and care;
History, physical examination and risk assessment at the onset of labor;
Monitoring of the progress in labor with on-going assessment of maternal and fetal reaction;
Consultation, referral and transfer for maternal or neonatal problems that elevate risk status;
Physical assessment of newborn including Apgar scores, maternal-newborn interaction, prophylactic procedures, postpartum monitoring of vital signs and accomodation to extrauterine life;
Labor summary;

Medical Records (continued)

Discharge summary for mother and newborn;
Plan for home care, follow-up, referral to community resources;
Plan for newborn health supervision and required screening tests;
Late postpartum evaluation of mother, counseling for family planning and other services.

[2] These guidelines for Medical Records have been adapted from Standards for Freestanding Birth Centers (Pages 19-20) by The National Association of Childbearing Centers, (1987), New York, New York. Copyright 1987 by The National Association of Childbearing Centers. Adapted by permission.

Mechanism for Review[3]

Each professional organization should have an established program for the evaluation of the out-of-hospital care that its practitioners provide. An organizational plan must be in effect to identify and resolve problems. It is recommended that quality assurance include the following mechanisms for review:

Regular meeting of practitioners to review the management of care of individual clients and to make recommendations for improving the plan for care;
Regular review of all hospital transfers of mothers and neonates to determine the appropriateness and quality of the transfer;
Regular review and evaluation of all problems or complications of pregnancy, labor, and postpartum, and the appropriateness of the clinical judgment of the practitioner in obtaining consultation and attending to the problem;
Regular review of all health records for legibility and completeness;

[3] These guidelines for Medical Records have been adapted from Standards for Freestanding Birth Centers (Pages 21-23) by The National Association of Childbearing Centers, (1987), New York, New York. Copyright 1987 by The National Association of Childbearing Centers. Adapted by permission.

Statistics

Quality of care is assessed by the analysis of data collected. Statistics collected should include both utilization of services as well as outcomes of care provided. It is recommended that statistics be collected and include the following whenever possible: number of women registered for care, spontaneous abortions, antepartum transfer and reason for transfer, intrapartum transfer and reason for transfer, length of labor stages, unattended births, postpartum transfer and reason for transfer, newborn transfer and reason for transfer, type of delivery, where delivered, complications of delivery, episiotomies, lacerations, infant birthweight, Apgar scores, neonatal morbidity/mortality, maternal morbidity/mortality, maternal and newborn hospital admissions for the first six-weeks postpartum along with reason for admission.

Informed Consent

Informed consent for out-of-hospital birth care should be obtained from each client. Clients should indicate that they fully understand the following: benefits, risks and eligibility requirements for an out-of-hospital labor and birth, services that can be provided by the practitioner as well as those provided by contract, consultation and referral, the qualifications of the practitioner, the scope of practice of the practitioner as determined by State law, consultants and related services and institutions, the practitioners plan for the provision of emergency care in the event of complications to the mother and fetus/newborn, written statement of fees for services provided and responsibilities for payment, and the responsibilites of the client.

VI SUMMARY

These suggested guidelines for the practice of out-of-hospital birth in Oregon are the result of over two years of discussion between representatives of the various groups providing out-of-hospital care in Oregon and other concerned individuals. They can in no way represent consensus opinion of all of the members of the groups represented including the Oregon State Health Division.

The members of the Oregon State Health Division Task Force on Out-of-Hospital Birth support the spirit of cooperation and compromise that was an inherent part of formulating these guidelines. It must be emphasized that, for the most part, standard of care for the groups involved has previously been established. Where Task Force guidelines differ from existing group standards, it must be acknowledged that the various professional organizations and groups have determined what they feel to be the best care for their clients.

REFERENCES

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Montana Nurses' Association
715 Getchell
Helena, Montana 59604

Testimony Presented to
House Human Services and Aging Committee

February 6, 1989

by

Barbara Booher, Executive Director

I am Barbara Booher, Executive Director of the Montana Nurses' Association and I am here to testify against Section 2 of HB 458. The Montana Nurses' Association is opposed to this Section for the following reasons:

Based upon the current OB access crisis in Montana, where availability of professional medical obstetrical care may be restricted, the Montana Nurses' Association advocates the use of certified nurse midwives as an alternative or cooperative source of obstetrical care. As a client advocate, MNA supports the parent's right to have their desires for childbearing considered, but also feel obligated to ensure that quality standards and safety in perinatal care be available and practiced.

The educational background and certifying process involved in becoming a certified nurse mid-wife qualifies this nurse to provide the level of expertise needed to bring about a healthy outcome. MNA will continue to encourage the medical community to increase collaboration efforts with certified nurse midwives in the utilization of CNMs in providing alternative birthing methods. MNA supports this as a viable, cost-effective alternative for access to obstetrical care. Lay-midwifery does not meet the structural and functional standards of a profession, i.e. accountability, education, preparation or assurance of competency. MNA cannot support the use of lay midwives in the provision of maternity care.

It is our belief that all Montana citizens should receive their health care from qualified, educated and licensed practitioners and that patients should be in a setting where modern technology and expertise is readily available to them, if necessary.

EXHIBIT 5
DATE 2-6-89
HB 458

EXHIBIT 10
DATE 2-12-89
HB 458

NAME: Constance Morris DATE: 2/6/89

ADDRESS: 128 S. 5th E. MSLA

PHONE: 549-4039

REPRESENTING WHOM? myself & family

APPEARING ON WHICH PROPOSAL: HB 458

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: I have had four sons born at at home with the care and attendance of a mid-wife. Present mid-wife is born with a certified mid-wife in Mississippi. Others born in Montana. The care provided by all the different midwives was completely satisfying. Our choice to have both Blood Freedom as parents we wanted to make birth in the home not a sickness and often death in a hospital a natural body function of a woman.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Anita C. Vatshell DATE: 2/6/89

ADDRESS: 407 E Pine st #3 Missoula MT

PHONE: 549-3303

REPRESENTING WHOM? Myself + my partner

APPEARING ON WHICH PROPOSAL: H.B. 458

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: I am confident and comfortable to have my first child at home with a direct entry midwife. I made this choice not out of financial need but because I believe in the care and respect a midwife gives. I do not care to be forced into a forceps delivery or an unnecessary Caesarean delivery. The chance that I will not even need an episiotomy is greatly reduced due to the nature of a homebirth. Please consider H.B. 458 and if a licensing legislation needs to be enacted then that also would be helpful.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Jack L. Tweed DATE: 2-6-89

ADDRESS: 1149 Harris Miles City

PHONE: [illegible] 736

REPRESENTING WHOM? self + family

APPEARING ON WHICH PROPOSAL: I.R. 438

DO YOU: SUPPORT? Y AMEND? _____ OPPOSE? _____

COMMENTS: Please give all Montanans the right to choose. Its our births, not the medical establishments. Let us make decisions about our families

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

WITNESS STATEMENT

NAME Pamela Luoma BUDGET _____

ADDRESS 136 Bridger Mssla MT 59803

WHOM DO YOU REPRESENT? Myself and Family

SUPPORT ✓ OPPOSE _____ AMEND _____

COMMENTS:

My 4th baby is due in the beginning of June. We are planning our 3rd homebirth. We believe that it ought to be our right to have a homebirth with a midwife in attendence.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34A
Rev. 1985

NAME: Debi Corcoran DATE: 2/6/89

ADDRESS: 7012 Austin Rd. Helena, Mt.

PHONE: 443-2146

REPRESENTING WHOM? myself & children & husband

APPEARING ON WHICH PROPOSAL: HB 458

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: I have had 3 children at home with a lay midwife. I will have my forth w/no attendent as there are none attending in the Helena area. My midwife practiced no medicine. I went to an OB or nurse midwife for blood & urine test. My midwife attended my births. I birthed my children under her watchful eye. The money exchange was normal to give myself the security of someone who could look for any abnormalities in the natural process of labor & birth. I have attended home & hospital births both that proceeded normally. Yet the hospital births were full of interference & lack of respect for a beautiful transformation. For me, hospital birth is no option. I believe in birth at home I would like an attendent. This bill would make it possible by not scaring lay midwives away because of possible court Thank you.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

WITNESS STATEMENT

NAME Mikelann Caywood-Bregg BUDGET ?

ADDRESS RT 85 Box 4309 Livingston, MT 59047

WHOM DO YOU REPRESENT? Self

SUPPORT X OPPOSE _____ AMEND _____

COMMENTS:

Most hosp in MT. do not have immediate capability to perform C-Sections in 2 min, the Utcans has to be called in - time management 30 min !!!

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34A
Rev. 1985

NAME: Kris Zimmermann DATE: 2/6/89

ADDRESS: 3639 Trail Creek Rd Bozeman, MT

PHONE: 587-3353

REPRESENTING WHOM? Self & my husband

APPEARING ON WHICH PROPOSAL: HB 458

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: I ask for your support of this bill (HB 458 because it's important for me as a parent to have the right to choose a midwife.

If I'm denied the opportunity or the right to choose a midwife to attend the births of my children at home, my husband and I would have to have our future children at home without an attendant.

Please support this bill so we, as parents can exercise our rights.

Thank you!

Kris Zimmermann

attached are the names of nine other people that were unable to attend today.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Alaine Trauth DATE: Feb 6, 1989

ADDRESS: 400 Kootenai Ct, Stevensville, MT

PHONE: 777-2791

REPRESENTING WHOM? myself - Home birth mothers

APPEARING ON WHICH PROPOSAL: HB 458

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: I had a midwife attended homebirth, I believe parents should have the right to chose the birth option they feel is best for themselves and their baby. Our homebirth was a wonderful experience and I feel my choice was an informed and responsible one.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

WITNESS STATEMENT

NAME Cindy Kaiser, certified nurse-midwife BILL NO. 458

ADDRESS 232 Lyndale Lane - Butte, Montana 59701 DATE 2/6/89

WHOM DO YOU REPRESENT? myself

SUPPORT _____ OPPOSE X AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: No provision in HB 458 for certification or licensure of direct-entry midwives as opposed to the nurse-midwives who are currently licensed & certified to practice in Montana;

HB 458

WITNESS STATEMENT

NAME John Whiston BUDGET

ADDRESS Rossbach & Whiston P C, PO Box 8988, Missoula 59807

WHOM DO YOU REPRESENT? self

SUPPORT ✓ OPPOSE AMEND

COMMENTS: Unless this bill is passed, the practice of midwifery will be illegal in the State of Montana. Failure to act will subject this profession to severe criminal penalties - jail and extremely heavy fines.

It simply makes no sense now, when so many families cannot find someone to help with the birth of their children, to criminalize those who are willing to help.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34A
Rev. 1985

TO: The House Human Services Committee February 6, 1989
RE: HB 458, exempting direct entry midwives from the Medical Practice Act
FROM: Beth Brennan, 1533 Jackson, Missoula, MT 59802

Ladies and gentlemen, I'm sorry I could not be present for your hearing on HB 458 today. I am writing to urge your support of this important bill.

Direct-entry midwives have assisted women in childbirth since the beginning of time. According to statistics from Montana and elsewhere around the country, there is no apparent risk associated with midwife-attended births. But according to the many stories you can read and, I'm sure, will hear, there are many increased benefits.

Montana faces a severe shortage of doctors who can attend births. The doctors have said so themselves in their 1988 proposal, "Who will deliver your babies?" Midwives can help meet that need, and have helped to meet that need, especially in rural Montana.

Some pregnant women prefer a natural birth at home with the help of an experienced midwife even though a doctor is available. Not many, certainly. Their reasons for doing so are many, varied, and personal. Some birth at home because of religious beliefs that prohibit blood transfusions; some stay at home because the 'germs' there are far more familiar and less potent than those at a hospital; some believe they can birth more easily in a relaxed, familiar environment. Whatever their reasons, they are the minority, and your job is to protect the rights of the minority unless it can be shown that their actions endanger public health. The evidence does not show that midwife-assisted births endanger public health.

Please look at who is supporting this bill and who is opposing it. Women want midwives. Montana needs midwives. Please vote for the choice that will be most helpful to Montana families. Please vote for HB458.

Febuary 6, 1989

I am a R.N. who had my last child at home. Before our last child was born, I worked in O.B. and pediatrics at a local hospital. I am fully aware of the services that a hospital provides and am aware that they are necessary in some cases. However, a normal delivery can be accomplished safely at home with the benefits of the home environment, less tension which many experience in the hospital setting and a rich family experience--not to mention the freedom from a heavy financial burden. Our home birth experience was a beautiful experience. We worked with the medical community as much as we could, but were unable to find a certified midwife. We did find a lay midwife to help and she was a great support.

My husband and I believe that there is a desparate need for midwifery in the state of Montana. Midwifery will continue to be a black market commodity until the legislative sees the need to legitimize and regulate it.

Sincerely,

Sharon Grosse

Sharon Grosse, R.N.

February 5, 1989
JMJ

REGARDING H.B. #458:

TO ANY FOOL WHO THINKS THAT MIDWIVES SHOULD BE OUTLAWED:

We have heard some rumbling about midwives being harassed for "practicing medicine without a license".

In August of last year, I used the services of a lay midwife (after having previously had 5 hospital births), and my experience with the "homebirth" situation was excellent. There was a better perspective on what childbirth is all about.

With many unnecessary medical procedures, high costs, C-sections, multiple complications and diseases that are picked up in hospitals, and the high-priced farce of malpractice insurance, I felt much more comfortable with a midwife and much more secure in the surroundings of my own choice.

The art of Midwifery has been around longer than the art of Medicine (wasn't Eve the first midwife?). And having a baby is a natural condition and a fact of life, not a disease or illness that unconditionally requires hospitalization or medication.

Midwives do not practice medicine (i.e. doling out medicines, drugs, etc.) any more than legislators who make laws are practicing law without a license (if they lack a law degree).

If you want to shut down someone, shut down abortion mills. Midwives bring lives into the world, abortionists take them out.

Leave midwives alone... please!

Respectfully,

Mr. & Mrs. B.

Concerned Citizens of Montana

TESTIMONY FOR HB 458-certification of midwives.

From: Debbie Kersten
P.O. Box 95
Ulm, Mt 59485

Please give copies of this testimony to Rep. John Cobb and Rep. Jerry Noble.

Dear Montana Representatives:

I am writing to support the right of individuals to have lay midwives, or for that matter, whoever they choose, assist them in the birthing process.

I believe birth is a natural, non-medical procedure, that has only in our century been taken outside of the home. In most all cases, homebirth needs no medical intervention and can brag of a higher success rate than hospitals. After all, midwives certainly don't show a 33% ceserean rate!

I myself, have chosen homebirth after much in-depth study and common sense thinking, even though our insurance would have fully paid for a hospital birth. The benefits of having had my <u>five children</u> at home (successfully) have far outweighed a hospital setting. A relaxed atmosphere, familiar people of my choice in attendance... such as my husband, children, etc., <u>my own</u> germs and cleanliness...which my unborn child is already immune too, and the bonding with my newborn in comfort and privacy are just a few of the good points of homebirth.

I certainly hope you will choose to vote for HB 458 and continue to support the building up of families, instead of giving more power to those who wish to do my thinking for me by creating a monopoly for the medical profession.

My thanks to you for all your hard work in preserving freedom!

Dear House Committee Members -

I am writing with regards to HB458. I was at the hearing on Monday and when I got home, it struck me just how differently the opponents and proponents of the bill viewed birth. The opponents view "birth is a miracle that it ever turns out", "it can turn into a horror at any moment", a medical event that requires the watchful eye of a trained technician. The proponents (myself included) see birth as a natural process of life, when approached with proper nutrition, exercise, mental disposition & loving support it proceeds normally in 96-97% of the cases. Of myself & all the women I've known who've had home births, I've heard of one who ended up going to the hospital because her labor was three days long. She gave birth uneventfully as soon as she entered the hospital doors (which makes me feel that it was a mental security she felt was lacking at home). However, of all the women I know who went to the hospital to give birth, there was always a need for intervention — pitocin, forceps, episiotomy (in the milder cases) demerol & heavier drugs, c-sections, resuscitation & baby being put in an incubator (in more pressing cases). A lot of the women were angry at the interference. Others felt their bodies had betrayed them.

More & more studies are being presented which show that the technical, interfering nature of hospital births & the readily available medical tools are what is creating all these problems. Women required to ~~be~~ lie on their backs throughout labor which is mentally unstimulating & ~~but~~ physically ineffective for the process, but can also put undo pressure on the umbilical artery which triggers a drop in fetal heartrate as the baby strains for oxygen. Demerol & other pain killers reduce oxygen & make the mother lethargic. Pitocin increases the effectiveness of contractions to the point it can stress the baby who can release meconium into the amniotic fluids & ~~aspirate~~ aspirate them causing respiratory problems. Forceps can damage face & sometimes brain tissue. C-sections are at a 27% national rate up from 6% 20 years ago. And the greatest risk, the separation of mother & baby after birth, disrupts the bonding process. Any herdsmen or naturalist knows the a mother animal separated at birth, washed & returned at some later date is rejected by the mother. Are these hospital (routine) practices causes for drug addictions, emotional distress, child abuse & developmentally & physically damaged ~~studies~~ children? There are plenty of studies to support that thought

More & more studies are being presented which show that the technical, interfering nature of hospital births & the readily available medical tools are what is creating all these problems. Women required to ~~lie~~ lie on their backs throughout labor, which is mentally unstimulating & ~~but~~ physically ineffective for the process, but can also put undo pressure on the umbilical artery which triggers a drop in fetal heartrate as the baby strains for oxygen. Demerol & other pain killers reduce oxygen & make the mother lethargic. Pitocin increases the effectiveness of contractions to the point it can stress the baby who can release meconium into the amniotic fluids & ~~aspirated~~ aspirate them causing respiratory problems. Forceps can damage face & sometimes brain tissue. C-sections are at a 27% national rate up from 6% 20 years ago. And the greatest sin, the separation of mother & baby after birth, disrupts the bonding process. Any herdsmen or naturalist knows the a mother animal separated at birth, washed & returned at some later date is rejected by the mother. Are these hospital (routine) practices causes for drug addictions, emotional distress, child abuse & developmentally & physically damaged ~~children~~ children? There are plenty of studies to support that thought.

Now, take a typical home birth. I've had three to date. I woke in my own bed to feel the first signs of labor. I called my lay midwife to let her know birth would occur sometime that day. I ~~tidied~~ tidy up my house, ~~made~~ make breakfast for my family, take a walk, take a bath, prepare sterile bags of towels, wash rags, diapers, sheets & a sleeper for my babe. Friends arrive, I read my children stories, prepare some tea, ice cubes to munch. My husband massages my back. My midwife, family & friends share a dinner. We clean up. All the while, I feel the strength of my contractions growing, my baby within keeps kicking when the stronger ones subside. Twice my midwife checks my dilation, several times she checks the babies heart rate after contractions. My older children nap. Transition begins, contractions become very strong. I squat & rock, my husband holds me, breathes with me, lends me his loving eyes of support. Water is boiled, a friend takes pictures. The light is very golden. I feel & see every range of emotion. There my waters break. My children are awakened. I get to the birthing stool & began to push, two, three contractions & my baby starts to crown. I pant to hold the contractions back to ease the baby's head thru. My mid-

Now, take a typical home birth I've had three to date. I woke in my own bed to feel the first signs of labor. I called my lay midwife to let her know birth would occur sometime that day. I tidy up my house, make breakfast for my family, take a walk, take a bath, prepare sterile bags of towels, wash rags, diapers, sheets & sleepers for my babe. Friends arrive, I read my children stories, prepare some tea, ice cubes to munch. My husband massages my back. My midwife, family & friends share a dinner. We clean up. All the while, I feel the strength of my contractions growing, my baby within keeps kicking when the stronger ones subside. Twice my midwife checks my dilation, several times she checks the babies heartrate after contractions. My older children nap. Transition begins, contractions become very strong. I squat & rock, my husband holds me, breathes with me, lends me his loving eyes of support. Water is boiled, a friend takes pictures. The light is very golden. I feel & see every range of emotion There my waters break. My children are awakened. I get to the birthing stool & began to push, two, three contractions & my baby starts to crown. I pant to hold the contractions back to ease the baby's head thru. My mid-

applies hot wash rags to soften my perineal muscles & avoid tearing. She supports my baby's head, my husband holds my hands, my children & friends gaze on in wonder. The room is lit dimmly, but it is very golden. Then my baby's face eases out & with the next contraction, her whole perfect body. My midwife checks to make sure she is breathing & no mucous blocks her breathing passage, wraps her in a towel & hands her to me. My children gather to see their new sister. There are tears of joy. Five minutes elapse, the baby's umbilical cord is cut & tied. New contractions. My husband holds baby while I deliver the placenta into a bowl. My midwife again checks baby for muscle tone, heartrate breathing & me for any signs of hemorrhage, takes the placenta & all non-family members into the kitchen to check for its wholeness & to leave the family to bond with it's newest members. Later we celebrate with ice cream and my midwife stays while I my new baby & I & children sleep. My husband is too excited, too. She will stay another 5-6 hours to make sure everything is copesthetic.

There is just no comparison to a home

& hospital birth & no amount of medical equipment can give me security that my home & family give me. I've been to home & hospital births & I believe hospitals create so many of the problems they're equipped & trained to deal with. At home, life proceeds as normal. Birth is a natural process, not a medical calamity. I feel so strongly about this, that I will have my fourth child without a midwife, as home are practicing in the Helena area now. I am not stupid. I eat right exercise have prepared mentally, am getting prenatal ~~Medical~~ care from a nurse midwife (blood analysis blood pressure, urine analysis, fundal & measurements, heart rates, etc.). Birth is the metamorphisis of a couple to a family. Hospitals are for sick people. I am not sick. Lay midwives do not practice medicine. They wait patiently with a laboring mother for nature to take it's course. Look at the statistics of countries who have midwives, then look at the U.S.'s Please pass HB 458.

Thank you.

Debi Corcoran

P.S. as far as the notion that home-birthed babies are low birth-weight mine were 7½, 8¾ & 8 lbs. to date

PLEASE SUPPORT H.B. 458 ON MIDWIVES.

PARENTS SHOULD HAVE THE RIGHT TO CHOOSE A MIDWIFE.

Travis Collins
419 Strand Ave
Missoula MT
59801

PLEASE SUPPORT H.B. 458 ON MIDWIVES.

PARENTS SHOULD HAVE THE RIGHT TO CHOOSE A MIDWIFE.

Couples should have the right to choose where and with whom they have there children

Linda McLean
P.O. Box 242
Superior MT
59872

PLEASE SUPPORT H.B. 458 ON MIDWIVES.

PARENTS SHOULD HAVE THE RIGHT TO CHOOSE A MIDWIFE.

I believe the choice is a personal one and mothers should have the choice.

Kenneth Peters
Box 446
S. Superior Mont.
59872

PLEASE SUPPORT H.B. 458 ON MIDWIVES.

PARENTS SHOULD HAVE THE RIGHT TO CHOOSE A MIDWIFE.

Couples need to have the right protected of your choice of where & with whom they choose to give birth. Montana is a state with a lot of rural territory. Many should not be without lay midwives in this state as the past 100 yrs! We have not badly delivered our babies at home. It is a safe, competent tradition.

Kathie Hankinson
R. 1 Box
Superior Mt. 59872

PLEASE SUPPORT H.B. 458 ON MIDWIVES.

PARENTS SHOULD HAVE THE RIGHT TO CHOOSE A MIDWIFE.

Will Rodgers
442 Kensington
Missoula, Montana
59801

PLEASE SUPPORT H.B. 458 ON MIDWIVES.

PARENTS SHOULD HAVE THE RIGHT TO CHOOSE A MIDWIFE.

Loreen Folsom
442 Kensington
Missoula, MT 59801

VISITORS' REGISTER PLEASE PRINT!

Human Services COMMITTEE

BILL NO. 458 DATE 2-6-89

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Mandi Flynn	Troy, MT		
Rep Bob Clark	Clancy, MT		✓
REP. ROBERT CLARK			
SUZANNE HANLON	Miles MT	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. _____ DATE PRINT

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
LILLY TUHOLSKE	1149 HARRISON Missoula	X	
Melissa Aamodt	Montana Midwife Alliance	✓	
Lisa Elliot Hempel	Avon, Mt.	✓	
Cindy Kaiser	Butte, MT		✓
Mike Frankovich	Butte, MT		✓
Barb Howe	Helena	✓	
Betty Seth	Havre	✓	
WILLY VON BRACHT	WHITEFISH, MT.	✓	
Susan Rice	Libby Mt	X	
Mary Barthey	Hamilton MT.	✓	
Sara Horst	Formly St. Ignatius currently Missoula	X	
Jacqueline Locke	Hamilton, MT	X	
Mary Werner Brown	Missoula MT	X	
Beatrice Hochstetler	221 N.E. OLD CORVALLIS RD HAMILTON	✓	
Eldon Hochstetler	221 N.E. OLD CORVALLIS RD HAMILTON, MT 59840	✓	
Judy Jorgenson	211 54TH E Msla MT 59802	✓	
Sue Sivertsen	Missoula,	✓	
Shannon Pocha	missoula	✓	
Debi Claussen	FLORENCE, MT	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. HB458 DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Nadine Lupong	Helena MT	✓	
JAMES HUNNEL	HAMILTON, MT	✓	
NANSI REDDY	" "	✓	
DENNIS RHODES	WHITEFISH, MT.	✓	
Kim Brown Bota	Helena, Mt.	✓	
RANDA A. HELEN	315 State St Helena	✓	
[illegible]	2071 Ash Lane	✓	
[illegible]	104 Ehrendale	✓	
Mark Kettleson	2205½ Dodge	✓	
[illegible]	[illegible]	✓	
[illegible]	2705 [illegible]	✓	
Mary Sohn	370 Lost Horse Rd Hamilton	✓	
Eugene Huckestein	221 N.E. OLD CORVALLIS Rd Hamilton, MT	✓	
Marty LORD	140 Logan HLN	✓	
Cathy Rudd	1018 N WARREN	✓	
Larry Landyn MD	Helena		✓
Don Johnson M.D	Helena		✓
James Nickel M.D	Helena		✓
Carrie Wallace	Bozeman	✓	No

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. 458 DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Karla R. Court	2012 7th Ave N. Gt. Falls	✓	
Cheryl McMillan	1428 Harrison Helena, MT 59601	✓	
JUDI TAPTER	PO Box 10654 MSU 59807	✓	
Claire Trauth	1100 Kootenai St Stevensville	X	
Linda Reeves	PO Box 226 Livingston	X	
Marilyn Bacon	805 VanSant Kalispell	X	
Diane VanWinkle	5004 Westfield Sta. Rd. Gt. Falls 59404	✓	
Cheryl Nickel	2742 Foothill Rd Kalispell	✓	
Joanna Slavish	1845 Old Reserve Dr Kalispell 59901	✓	
Jill Yelverton	5625 Rabe Cool. Helena	✓	
Tamara Hirsch	528 N. 5th Ave. Miss.	✓	
Ted L Balkman	816 Lawrence Helena	✓	
Bruce & Paula Lucas	136 Rainbow Ct. Missoula	✓	
Patricia L. Eveland	1045½ 12th Ave. Helena		X
Sandy Sanders	MPA Helena		X
R.D. Marks	Missoula MT		X
Laughing Water	2409 Colo. Gulch Helena	✓	
M. Stanaland	Dixon MT	✓	
Debi Corcoran	7012 Austin Rd Helena	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. _____ DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Eliza Goode	MSLA	✓	
Karen Bacon	Kalispell	✓	
Joanna SLAVISH	Kalispell	✓	
Gina Rice	Libby	✓	
Michael Velicek	Columbia Falls	✓	
Nanette Hawley	Stevensville	✓	
Ginger Sprunk	MSLA	✓	
Caron Garry	MSLA	✓	
F. M ALVARET MD	Helena		✓
Jerome T Loendorf	Helena		✓
JoAnne Foley	Helena Missoula	✓	
Hazel Baldwin	Missoula	—	
Kathy Sayler	Missoula	✓	
Margaret Vance	Missoula	✓	
Dyljette Bouma	Augusta	✓	
Ken Light	Arlee	✓	
Cristine Kerr	Victor	✓	
Ken Kerr	Victor	✓	
Donna Dunda	Helena	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. HB 458 DATE 2-6-89

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Naomi Lev	Missoula, MT	✓	
Marianne Brown	Gt Falls	✓	
Brent Goode	Missoula MT	✓	
Catherine Schenck	Missoula Mt.	✓	
Anita Vatshell	Missoula, MT	✓	
Constance Howell-Morris	MSLA MT	✓	
James Hankinson	Superior, MT	✓	
Kathie Hankinson	Superior MT	✓	
Leslie Fellers	Whitefish, Mt.	✓	
Mikelann Caywood-Baerg	Livingston, MT	✓	
Kris Zimmermann	Bozeman, MT	✓	
Pete Zimmermann	Bozeman MT.	✓	
Katie Hanson	Victor Mt.	✓	
Meg Hanson	Victor MT	✓	
Kathleen Hanson	Victor MT	✓	
JERRY SCHNEIDER	MSLA. MT	✓	
Tom Leonard	Missoula MT	✓	
ERICA BROWN	MSLA MT	✓	
Alexandra Goode	MSLA	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. HB 458 DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
PATRICK Shea	Seeley Lake, MT	✓	
KAY M. BALLARD	HELENA, MT	✓	
Brian Inleber	Florence Missoula MT	✓	
Debi Claussen	Florence, Mt	✓	
Shannon Poche	Missoula MT.	✓	
nicole Claussen	Florence MT	✓	
Katherine Smith	Helena MT	✓	
Jed Smith	Helena MT	✓	
Susan Burt	Missoula, MT	✓	
Dorothy Whiston	Msla	✓	
Pam Luoma	Msla	✓	
Pamela B. Shore	Lake County	✓	
Jeannine Flaten	Missoula	✓	
Jenny Walker	Missoula	✓	
Frances Conklin	Missoula	✓	
Carla Green	Msla	✓	
Richard P. Trauth	Stevensville	✓	
Polly Browder	Missoula	✓	
John Whiting	Msla	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. #358 DATE 2-4-89

SPONSOR Peck

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
DIANE SANDS	SELF	X	
Dawn Small	MT Nurses Assoc.		X

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

February 4, 198[illegible]

We the undersigned, support House Bill 458 on Midwives:

	Name		Address
1.	KEITH TALLEY	Keith Talley	3592 BRIDGER CANYON RD
2.	AMY MACDONALD	Amy MacDonald	323 So. BOZEMAN
3.	Gary Clutter,	Gary Clutter	1290 Story mill rd. Bozeman
4.	Martin Faulkner	Martin Faulkner	6651 Gooch Hill Rd Bzn.
5.	SHERIDAN JONES	Sheridan Jones	Bozeman
6.	ROSANNA ROHRS	Rosanna A. Rohrs	3592 BRIDGER CYN. RD. BZMAN
7.	Diana Cooksey	Diana Cooksey	1290 Story Mill Rd. Bozeman
8.	Robert Ely	ROBERT GRAY	11655 BRIDGER CANYON RD.
9.	Lee Faulkner	Lee Faulkner	6651 Gooch Hill Rd. Bozeman,
10			

followed. A Motion was made to Move the amendment. A roll vote was then taken and all voted in favor with the exception of Reps. Blotkamp, Lee, Russell, Squires, Strizich and Hansen. Motion carries.

Recommendation and Vote: Rep. Knapp made a Motion to DO PASS AS AMENDED. All voted in favor with the exception of Rep. Good.

DISPOSITION OF HB 458

The Hearing on HB 458 was held on February 6, 1989.

Motion: Rep. Lee made a motion to Move the bill. Discussion followed.

Amendments, Discussion and Votes: Rep. Russell discussed the findings of the subcommittee regarding the amendments which were proposed. Amendment no. 1 was discussed involving the title, lines 6 and 7 on the effective date. A vote was taken and all voted in favor. Rep. Boharski then proposed amendments beginning at "Whereas." A vote was taken and all voted in favor with the exception of Rep. Gould. An amendment was then discussed on page 3, line 23 following "labor" and "natural childbirth," inserted. A vote was taken and all voted in favor with the exception of Rep. Gould. An amendment on page 4, following line 10 was then discussed which contained a new section regarding an effective date. A vote was taken and all voted in favor.

Recommendation and Vote: A vote was then taken to DO PASS AS AMENDED and all voted in favor with the exception of Reps. Boharski, Gould, Russell.

DISPOSITION OF HB 524

The Hearing on HB 524 was held on February 8, 1989.

Motion: A Motion was made by Rep. Stickney to DO PASS.

Discussion: Rep. Boharski questioned the fiscal note. The remainder of the disposition of this bill was delayed until another day.

ADJOURNMENT

Adjournment At: 6:35 p.m.

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 2-10-89

NAME	PRESENT	ABSENT	EXCUSED
Stella Jean Hansen	✓		
Bill Strizich	✓		
Robert Blotkamp	✓		
Jan Brown	✓		
Lloyd McCormick			✓
Angela Russell	✓		
Carolyn Squires	✓		
Jessica Stickney	✓		
Timothy Whalen	✓		
William Boharski	✓		
Susan Good	✓		
Budd Gould	✓		
Roger Knapp	✓		
Thomas Lee	✓		
Thomas Nelson	✓		
Bruce Simon	✓		

CORRECTED STANDING COMMITTEE REPORT AS OF FEB. 15, 1989

February 15, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that HOUSE BILL 458 (first reading copy -- white) do pass as amended .

Signed: _____
Stella Jean Hansen, Chairman

And, that such amendments read:

1. Title, lines 6 and 7.
Following: "ACT;" on line 6
Strike: "AND"
Following: "MCA" on line 7
Insert: "; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE"

2. Page 1, following line 7.
Insert: "WHEREAS, the practice of direct-entry midwifery has been practiced in the state of Montana since territorial days; and

WHEREAS, it is the intent of the legislature to allow direct-entry midwives to continue serving Montana parents without fear of criminal prosecution; and

WHEREAS, the Legislature requests direct-entry midwives to establish standards of practice at the next regular legislative session.

THEREFORE, the Legislature of the State of Montana finds it reasonable and necessary to maintain the current status of direct-entry midwives in the state until the 1991 regular session."

3. Page 3, line 23.
Following: "labor,"
Insert: "natural childbirth,"

4. Page 4, following line 10.
Insert: "NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval."